MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside agreerate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside carporate limits, write RURAL and give nearest town) d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give infreet address) ON A FARM? YES THO T NAME OF Middle DATE First Month Day Year DECEASED (Type or print) DEATH 1960 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED | DIVORCED T yrs. 100/USUAL OCCUPATION (Give kind of work dane) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if cetired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 10 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAT BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? YES T NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.) White d. m. Nat while at work at work p. m. 21. I certify that I toak charge of the remains described above, held an Autapsy 1. Inspection Inquiry Dr. and find that death resulted from: Natural causes M Accident Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TO 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town, or county) (Stote) REMOVAL (Specify) 0

ADDRESS

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

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DATE

VS. A15ME(5) 5M 9/5S EUNERAL DIRECTOR'S SIGNATURE

and the second second

I filted in by the funeral director, Pages 1 and 2 should be filed with

DEUNCKAL DIRECTOR: After the errificate has been signed by the attending physician and complement forges 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

attending physician.

From State of the State of the Hospital AL DIRECTOR: After the

SICIAN: The law requires that the death certificate be executed

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agurs after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03101

3139 CERTIFICA	TE OF DEATH				
I. PLACE OF DEATH o. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTERTOLL				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ruralSykesville  58 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  rural Sykesville				
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Liberty Rd.	/ d. STREET ADDRESS Liberty Road  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)				
3. NAME OF DECEASED (Type or print) JOSEPH COLUMBUS BAI	RNES  4. DATE Month Day Year PARCH 26, 19 60				
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White  Widowed Divorced	8. DATE OF BIRTH 2-28-1878  9. AGE (In years lost birthday) 82 yrs.  IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  retired farmer owner	Maryland U.S.				
George W. Barnes	14. MOTHER'S MAIDEN NAME  Martha Bowers				
Was, no, or unknown)   Iff we give wor or dates of service)	rs. Custus Barnes, same				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARLINGTON &	ros tote, materials to				
Canditions, it any, which) DUE TO home, externs	177X DUE TO 1956				
gave rise to immediate cause (o), stating the under-lying cause lost.  DUE TO  (c) Critical, Crark	chiel prummin 26 mar 6				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19. WAS AUTOPSY PERFORMED? YES NO				
	ED. (Enter noture of injury in Port I or Port II af item 18.)				
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. P   Hour o. m.   19   While   Not while   at work   at work	LACE OF INJURY (Home, form, 20f. {City or town} (County) (State) actory, street, office bldg., etc.)				
	death accurred at 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
220. SIGNATURE Howard E. Hall	M.D. ATTENDING MED. STAFF SIGNED				
22c. PHYSICIAN'S NAME (Type) HOWARD E. HALL	22d. ADDRESS SYKESVILLE, MARYLAND				
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL Specify 3-28-1960 Messiah Lu:					
24. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz. Winfield, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				

DATE MAR 2 9 '60

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TO FUNCK TO HO VR A15 (4) 15M E/59

Alaskat imaliyani 100000 Liberty He. Liberty Local , at the at TV subbar anabus levers -S8 SERI-85#5 otton all - U Am Dynah matrix territor Copyrg W. Harmer . Martin bowers ---- Mate Heaven, - seno The state of the s AC U.S. Talenta Salata CLAR ... CHANGE Charleson and vocate HUNDAR T-28-1900 excels interest deleval to. service Distriction on Distriction of the Distriction of th

## CERTIFICATE OF DEATH

50 50	CERTITIO	AIL OF BLAIR	Re	g. Dist. No.			
1. PLACE OF DEATH o. COUNTY CETTEREL	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institutions R b. COUNTY	Residence before admission)			
b. CHY OR TOWN (If outside corporate limits RURAL and the nearest town)	write c. LENGTH OF STAY IN 16		ide corporate limits, write RURAI	L ond give nearest town)			
d. NAME OF HOSPITAL (If not in hospital, given of INSTITUTION	re street address) ()	d. STREET ADDRESS		o, 15 RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) POBER?		ECKNEP 4	OF Month	Day Year 3/ 196 c			
Male robert	7. MARRIED HEVER MARRIED		o 69 yrs. Mo	UNDER 1 YEAR IF UNDER 24 HRS. Onlins Days Hours Min.			
100. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	The 10b, KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME	Beckner	HOLESCE -	Catric				
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, ne, or unknown) (If yes, give war or dates of ser		INFORMANT Vivilebect Ed	Beckere, of	Enclose, me			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Anternox cleratic Kidney Disease  ONSET AND DEATH  EMAN CAUSE  DUE TO							
gave rise to immediate couse (o), stoting the under- lying couse last.	gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> (c)						
PERFORMED? YES NO							
20b. DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	r 20d. INJURY OCCURRED 20e. P While Nat while of work of work	LACE OF INJURY (Home, form, portory, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
21. I certify that I attended the deceased from april 1949, to March 31, 1960, that I last saw the deceased alive on wart 31, 1960, and that death accurred at 11. 300M, from the causes and an the date stated above.  ACTUAL SIGNATURE WINTER AND MARCH CS FOR MIND HISTORY  PHYSICIAN'S W. H. FOAT MO MANCH CS FOR MIND.  NAME (Type)							
220. BURIAL, CREMATION, 22b. DATE THEREOI	. MI na n	Level 2	2d. LOCATION (City, town, or co	ounty) (State)			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS - The	240. REC'D I		ir's SIGNATURE			

Alhaurs after death. Page 4 Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within may retained by the hospity is ottending physician.

O FU, AL DIRECTOR: After certificate has been signed by the attending physician and camp page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FU VS ATS (4) TSM 9/SS

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		District.	
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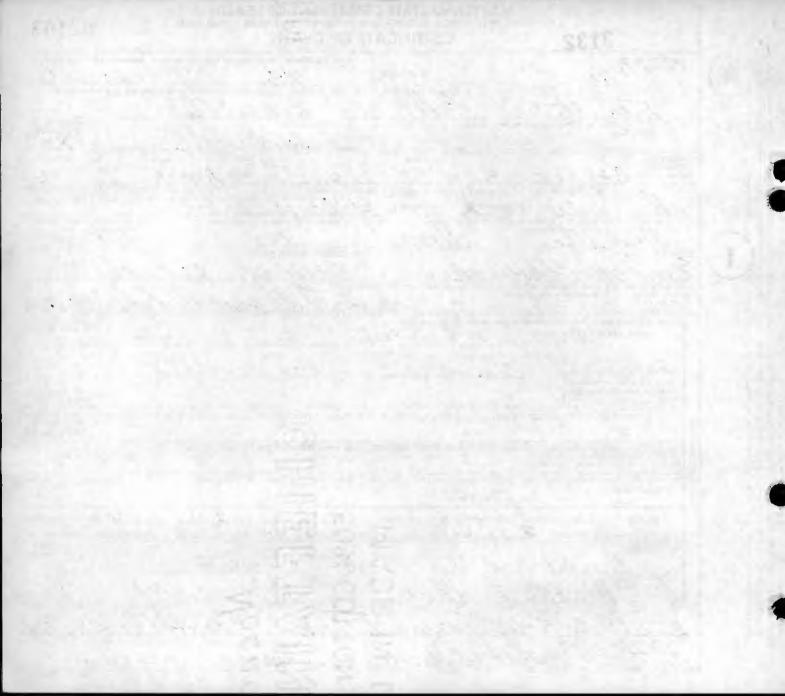
An by the funeral director, and 2 shauld be filed with Dur after death garban papers. and in any event,

aurs after death. Page 4

erificate has been signed by the attending physician and camp as the burial-transit permit. Then please remove earban papers SICIAIN: The law requires that the death certificate lie exacute page 3 shauld be detached for use as the burial-transit permit. the State Baard of Health priar ta burial, cremation, ar remayal, attending physician.

AL OR ATTENDING P TO FUNERAL DIRECTOR: After H VR A15 (4) 1SM 9/59

-		A			
	PLACE OF DEATH  COUNTY ( DARRALL -	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	varidence before admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH-OF STAY IN 16	c, CITY OR TOWN IF oulsi	ide corporate limits, write RURAL	L and give nearest town)
	d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	addréss)	d. STREET ADDRESS (	lle P.O.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) CARRIE A	FWITT	BENNETT!	OF Marth	Day Year 1960
S.	6. COLOR OR RACE 7. MARI	NEVER MARRIED	afril 5, 181		INDER 1 YEAR IF UNDER 24 HRS.
100	USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired)	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13.	EATHER'S NAME	aker	14. MOTHER'S MAIDEN NAM	of Bla	ch.
15. {Ye	WAS DECEASED EVER IN U. S. ARMÉD FORCES? 16.  (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	when welker	muker Oly	hewill, my
	1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ne for (a), (b), and (c).]	lure, Crona	es Recombon	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which ) (b)	bren chrom	gueralzed,	Cerrebush	1956
	gave rise to immediate couse (a), stating the <u>under-</u> lying couse lost.	Wilsonner.	0 0		3-25-60
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN I	N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port	t I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While of wor	Not while f	LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	20F. (City or town)	(County) (State)
	21. I certify that (I) (this haspital) attends saw the deceased alive on	1 1	death accurred of LUAM	to 2 March	19 de, that (I) (we) last
	220. SIGNATURE HEWARD &	fell'	ATTENDING MED.	STAFF PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) HOWARD E.	HALL	22d, ADDRESS	hearell, ne	L 3 March
230	BURIAL, CREMATION, 23b. DATE THEREOF	THOSIALS	Suttain 23	ELLEVITION (City, town, of co	ettollo. Mis
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / el	/ 250. REC'D B	BY REGISTRAR 256, REGISTRA	R'S SIGNATURE



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CERTIFICATE OF DEATH

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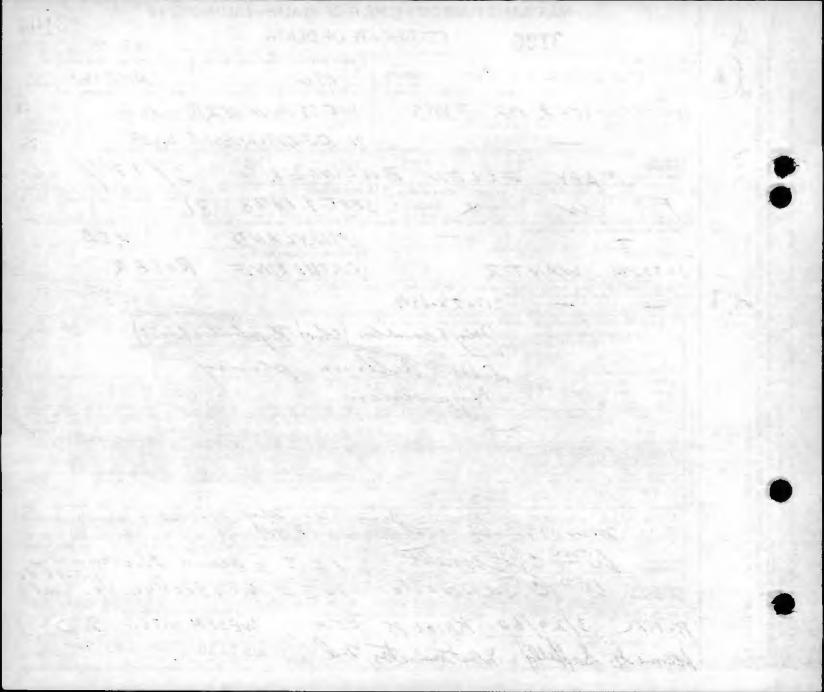
	0140	0. 22/111	Reg. Dist	h. No.		
1.	PLACE OF DEATH a. COUNTY  CARROLL CO., MARYLAND	2. USUAL RESIDENCE (Where decease of STATE)	ed lived. If institution: Residence b. COUNTY	e before admission)  RGL L		
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)  LESTMINSTER  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	c. CITY OR TOWN (If outside corporation)  d. STREET ADDRESS	orate limits, write RURAL and gi	ve nearest town)  27  e. IS RESIDENCE ON A FARM?		
3.	DECEASED	Lost 4. DATE OF	MA AVE	YES NO NO		
	SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH SEPT. 9. 1878	9. AGE (In years IF UNDER I lost birthdoy) Months (	YEAR IF UNDER 24 HRS Days Hours Min.		
10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign of MARYLAND)		SA.		
	JOSEPH WANTZ	14. MOTHER'S MAIDEN NAME  CATHERINE	ROSER			
	. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  (If yes, give wor or doles of service)  217- 28-6308	INFORMANT	Address			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), stating the under- lying cause last.	Time plus	ners (went)	ONSET AND DEATH		
FICATION				1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
CERT	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Pa				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 White Nat white at work 1 at wark	octory, street, office bldg., etc.)		ounty) (State)		
	21. I certify that I attended the deceased fram.  1946, to Marie 12-, 1946, that I last saw the deceased alive an More 12-, 1966, and that death accurred at 8.49M, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED					
77	PHYSICIAN'S LJE C, Sarratta	103 E Mar	1 7	Tes luch		
L	PEMOVAL Specify) 3/2 0/60 KRIDE RS		STHINSTER	SiD.		
	Mones y. Sakelly . West min ste	nd PATE MAR 2	160	J. Tilana		

of filled in by the funeral director, Pages 1 and 2 shauld be filed with may to trained by the haspital strending physician.

D. FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and cample page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers, the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. West of the property of the pr

ICIAN: The law requires that the death certificate be executed

ours after death. Page 4



10	tems 18820 Film 262 MARYLAND STATE DEPARTMENT OF HEALTH
THE OTHER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FIR STATE	3133 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
LALIN HEP.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, il institution: Residence before edmission) 6. COUNTY 6. STATE 6. COUNTY
Part Hilles	Carroll Manyland Montgomery
is necessary wour files.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Sykesville 4 weeks  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE
- 출뉴욕용 O/5	ON A FARM?
del funer sined State State	3. NAME OF furst Middle Last 14 DATE Month Day Year
o e e e	DECEASED (Type of print) LLOYD W. BOWERS OF DEATH March 7 19 60
of the start of th	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
amy 2 will	Male White WIDOWED DIVORCED 5/18/94 65 yrs. Monibs Deys Hours Min.
1, 2, and 7/2 ho	10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY
E to 60 mg	Carpenter VIRGINIA U.S.A.
24 hour Page Page Page Page	LORENZA WILLIAM BOWERS  14. MOTHER'S MAIDEN NAME  ELIZABETH BELL SMITH
within 24 18. Give P 16. form PM 18. File pa	LURENZA WILLIAM BOWERS  ELIZABETH BELL SMITH  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  Address
with too	NO   (If yes give wer or detes of service)   578=10=0638   Mrs. Mary C. Bowers, 12,718 Gould Road
trem with pern	1 IR. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
be executed encil in frem e along with I-transit pern , and in any	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Confluent Bronchopneumonia, Bilateral.
	491X DUE TO
o Suri	Conditions, if eny, which (b)
Programmer and a series of the	geve rise to immediate cause [e], stating the underlying  DUE TO
Micat Send Send Fed a	couse fest. (c)
This certificate should word "pending" in pdical Examiner's Offic uld be used as a burific cremation, or remova	PART 1. OTHER SIGNIF. CAN'T CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPED PERFORMED?  PERFORMED?  Subdural Hematoma and Purulent Meningitis  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPED PERFORMED?  PERFORMED?  YES NO []  CAUSE OF DEATH.  Fell from ladder
This ce word word Jical E Jid be premat	SUDQUEAL REMACTORIAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of item IB.)
Me de de	PRIMARY OF CONTRIBUTING A Fell from ladder
	and the same of th
Page of 1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20d. (City or lown) (County) (State)  While Not While Pet work Unknown  12/11 19 59 et work Unknown  21 I gestify that I took charge of the remain, described above held an Autonsy To Inspection I Inquiry and in my opinion
cata to the OR:	21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🗍, Inquiry 🗍, and in my opinion
Kill State	death resulted from. Natural causes . Acciden . Suicide . Homicide . Undetermined manner
TEDIC the cal rward DIRE	CHIEF MEDICAL EXAMINER
MED) forwar forwar IL DIR	ACTUAL SIGNATURE ACTUAL ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL ASSISTANT MEDICAL EXAMINER ACTUAL SIGNED
UIG be for NERAL designation	EXAMINER'S Charles S. Petty, M.D. Deputy Medical examiner (Name (Type))
UNE des	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Siete)
0 0 4 0 9 5 4 7 11	BURIAL 3/11/60 PARKLAWN CEMETERY MONTGOMERY COUNTY MARYLAND
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	WARNER E. PUMPHREY, INC. SILVER SPRING, MD. DAIEMAR 11'60 Only & Kraul
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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ours after death. Page 4

On by the funeral director, and 2 should be filed with

DEU DIRECTOR: After the printicate has been signed by the attending physician and campity in acting a shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

attending physicion

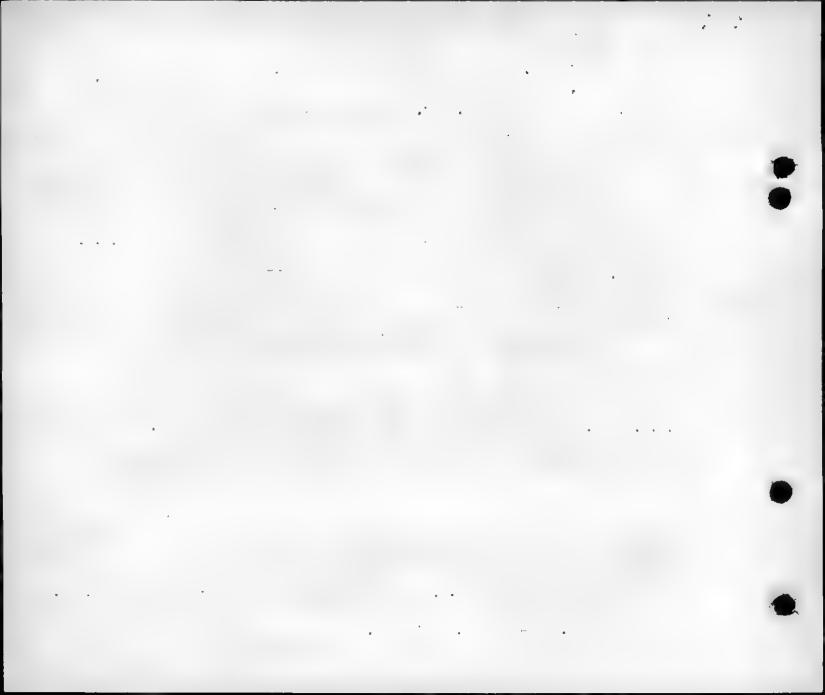
sined by the haspite DIRECTOR: After In

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VR A15 (4) 1SM 9/S9

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)	1. PLACE OF DEATH G. COUNTY Carroll		MARYLAND	o. STATE	aryland	lived If instituti b COUNTY	on: Residence bef		
	b CITY OR TOWN (If outside car) RURAL and give neorest town) Sykesville		NGTH OF STAY IN 16		WN (If oulside corporo timore	te limits, write R	URAL ond give ne	arest tawn	1)
7	d NAME OF HOSPITAL (If not in OR INSTITUTION Springfield State	haspital, give street address te Hospital	s}	d. STREET ADD	Jefferson	Street			PARM?
	3. NAME OF DECEASED (Type or print)	Francine	Middle <b>Edna</b>	lost Bright	4. DATE OF DEATH	March	25		Year 1960
	s sex 6 color Female Whit		NEVER MARRIED	B. DATE OF BIRTH December	24. 1889	AGE (In years lost birthday)	Months Days	<u> </u>	
	100 USUAL OCCUPATION (Give kind during most of working life, ever Dressmaker	d of work done 10b, KIND			E (State or foreign cau		12 CITIZEN C		OUNTRY
	13. FATHER'S NAME			14. MOTHER'S MA			0,0	) 21 B	
	Edward S. Brigh	nt			nnelle Hol	idayoke			
	IS. WAS DECEASED EVER IN U. S. A.		L SECURITY NO. 17.	INFORMANT		Add	ress		
	No	••	-	Springfi	eld Hospit	al Reco	rds		
•	18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAI IMMEDIATE Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFIC C.B.S. ASSOC. WITTOR CONTRIBUTING I CAUSE (IF EITHER, NOTIFY MEDICAL EX 20c. TIME OF INJURY Month, Hour a.m. p. m.  21. I certify that (I) (this saw the deceased alive 22c. SIGNATURE)	DUE TO  (b) DUE TO  (c)  Ant CONDITIONS CONTR  CANT CONDITIONS CONTR  ANT CONDITIONS CONTR  CANT CONDITIONS CONTR  ANT CONDITIONS CONTR  DOP DEATH  AMINER)  Doy, Yeor 20d. INJURY  White of work to contract the contract of the contract the	IBUTING TO DEATH BUTTER TO SCLE HOW INJURY OCCURRED OCCURRED Not while   20e   10e   10e	T NOT RELATED TO THE POSIS WITH PARTY OF THE PROPERTY OF THE P	HE TERMINAL DISEASE  neurotic  sjury in Part I ar Port I  me, form, 20f (City of Idg., elc.) 258, to Ma	condition GIV reaction Il of item 18.) or town)	VEN IN PART 1(0) (County	PERFO YES	AUTOPSY PRMED? NO (State
/	23d BURIAL, CREMATION, 23b DA REMOVAL (Specify) Burial Mar	.21/69 st	NAME OF CEMETERY	OR CREMATORY	Annap	oils Md	or county)	(Stot	
24 FUNERACOIRECTOR'S SIGNATURE ADDRESS 2127 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  Chilp Herwig Jons Cyling to DateMAR 28'60 Cartlag & Home									



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3135

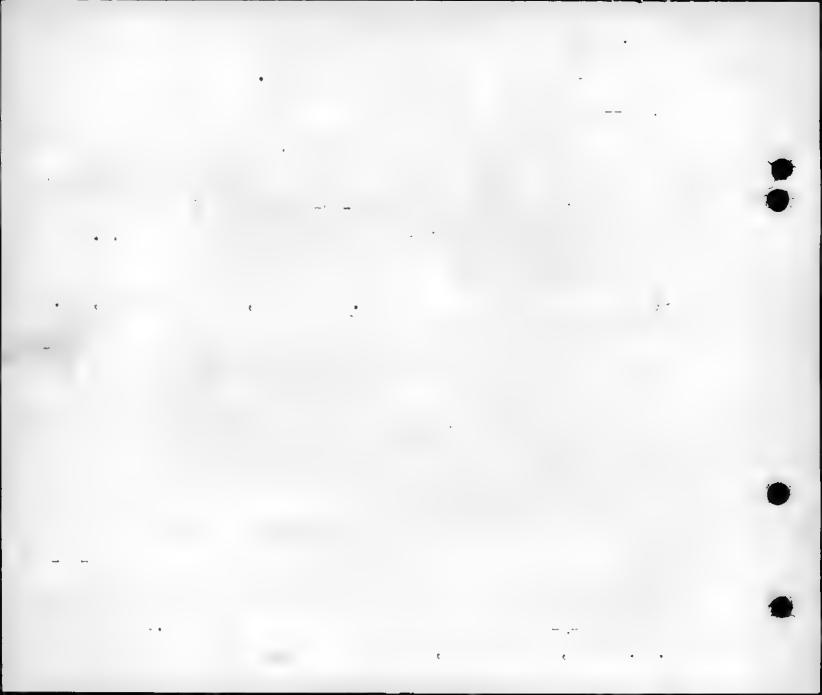
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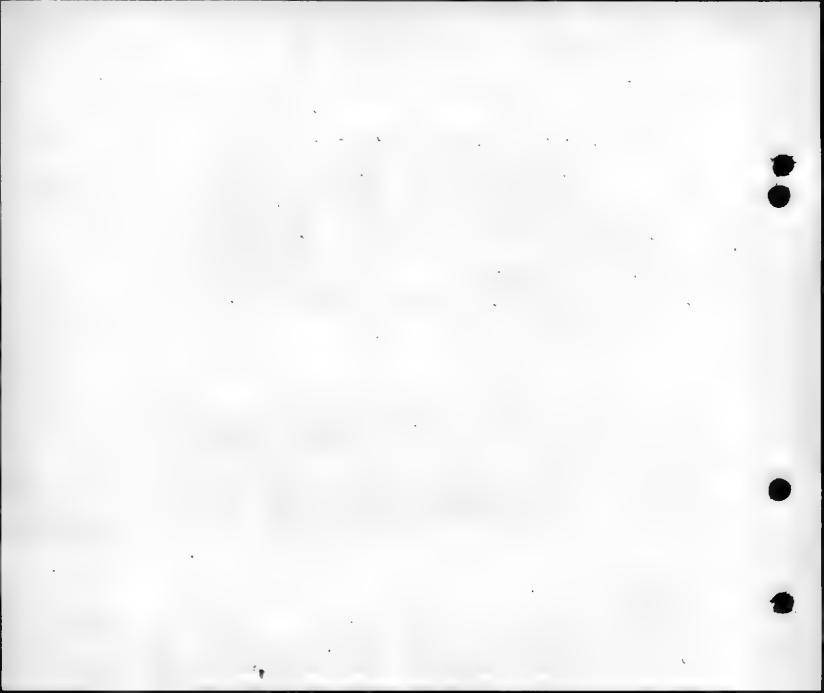
0103							
	1, PLACE OF DEATH o. COUNTY	Carroll	MARYLA	II a STATE -	(Where deceased lived.	If institution: Residen COUNTY	ce before admission)
	RURAL and give	(If outside carporote limits, we nearest town)Sykesville			(If outside corporate lim	its, write RURAL and	give nearest town)
1	d. NAME OF HOS OR INSTITUTION GOLDEN AC	PITAL (If not in hospital, give :	street address)	d. STREET ADDRE	ss ## ## ## ## ## ## ## ## ## ## ## ## #		on a farm? YES NO
	6. NAME OF DECEASED (Type or print)	Lewis First	Middle .	CARGILL	4. DATE OF DEATH	Month	Day Year 29 1960
	s sex	white w	MARRIED NEVER MARRIED  IDOWED DIVORCED [	10-20-186	58 <sup>1035</sup>	birthday) Manths yrs.	Days Hours Min.
	retired (	TION (Give kind af work done orking life, even if refired) CONTRACTOR	building	Alaba	ama		S.
	13. FATHER'S NAME	George Ca			Reynolds		
	15. WAS DECEASED E (Yes. no. or unknown)	VER IN U. S. ARMED FORCES (If yes, give wor or dates of service		Mrs. Ida W	eber, Ell	icott Ci	ty, Md.
		EATH [Enter only one cause EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).]	art Thu	wholes	E.	INTERVAL BETWEEN ONSET AND DEATH
	420 Conditions, if		Hen	I. arter	in Take	rusi	Magis
	gave rise to cause (o), statis lying cause las	the under-	0	1 Sty 1	esteri	con	0
^	CATIO		IONS CONTRIBUTING TO DEAT	-Van	when &	mou	PERFORMED?  YES NO
		YG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCC				
	WEDI CALL Hour a. n	10	20d. INJURY OCCURRED  While Not while of work	De PLACE OF INJURY (Home factory, street, office bldg	, form, 20f. (City or tow ., etc.)	(n) (	(County) (State)
	saw the dece	ased alive an ()	nttended the deceased fr		19 to ff		that (I) (we) last e date stated above.
	220 SIGNATURE	24411 VIIG	Min	M.D PHYS	MED STA	FF rs 🔲	3-29- SIGNED
/	220 BAYSICIAN TO NAME (Type	MASTI	NM	22d ADDRESS	y plan	elle-	kul
	230 BURIAL, CREMAT REMOVA, ISOGCE BURIA	L 4-1-1960	23c NAME OF CEMETE Ebeneze	r	Carrol		ryland
•	C. M.	Waltz, W	infield, Mar	yland 250.	REC'D BY REGISTRAR E IPR 4 '60	25b. REGISTRAR'S SI	

Agurs after death. Page 4 the attending physician and camp. The first in by the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with may.

Stained by the haspite strending physician.

Stury, Al Director: After the principle has been signed by the attending physician and camping page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health prior to burial, cremation, or remayal, and in any meent, within 72 hours after death. ICIAN: The law requires that the death certificate be executed within TO HOSE TAL OR ATTENDING may sedined by the haspit TO FURENAL DIRECTOR: After the VR A15 (4) 15M 9/59





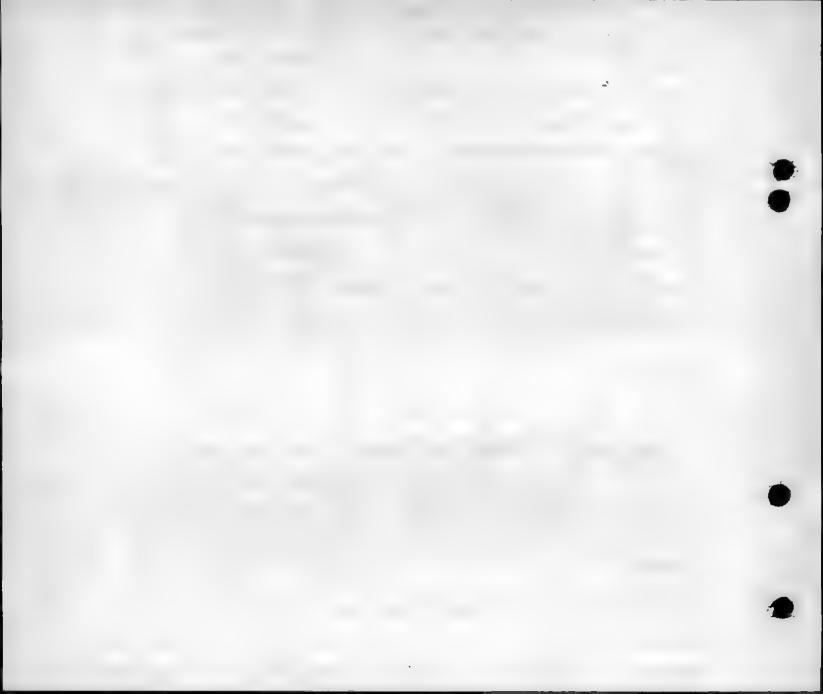
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

any delay is necessary, please exertive of director. Page 4 should be files.

TO DEPUTY MEDICAL TARMER: This certificate shalled be executed within 21 hours after death, and 3 to be certificate, writing found in pencil in flow 18. Give Pages 1, 2, and 3 to for 3 ded to the Chief Mec Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with

VS. A15ME(5) 5M 9/55 03109

3/13//	Reg, Dist. No.
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
" a. COUNTY ( A) ) A ( A ) MARYLAND	O. STATE TO COUNTY b. COUNTY
b. CITY OR TOWN (If sunide corporate limit, write RURAL. C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If gataide corporate limits, write RURAL and give nearest town)
Rie Dank Light town 20th	X Marlantono
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
Carroll Count, Home	7201 PORCOVER YES NO 12
3. NAME OF DECEASED (Type or print) ALLEN CEORGE I	DOPSEY 4. DATE OF Month Doy Year DEATH MILLOW 3 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3	DATE OF BIRTH 9 AGE (in years loss lag doy) AGE (in years loss lag doy) AGE (in years loss lag doy)
MALL WIDOWED DIVORCED []	Alles 17/86 Gyrs Months Doys Hours Min.
Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, eyen if retired).	TRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Wired Multined bittlete	Tied li The U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7725 1212120	721t prozer
	NFORMANT Address
Yes, no, or withnown] Iff yes, give wor or dates of service] 2/6-14-56-290	Dra to House Report lets The sti
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Marke
DUE TO	
Conditions, if any, which by gave rise to immediate cause	
(o), stating the underlying DUE TO	
course fast. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES
☑   PRIMARY L.I or CONTRIBUTING L.I	inter nature of injury in Part I or Fart II of item 18.)
A land	CE OF INTURY (Home, form, ory, street, office bldg., etc.) (City or tawn) (Caunty) (State)
Hour o. m. While Not while of work of work	
21. I certify that I taak charge of the remains described aba	ve, held an Autapsy, Inspection 💢 Inquiry 📝 and find the
death resulted fram: Natural causes Accident . Sui	cide , Homicide , Undetermined cause .
1 CAT	
SIGNATURE ALLICES I MOVE	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
	ASSISTANT MEDICAL EXAMINER   3-3-(4)
EXAMINER'S AMES (MARSH	DEPUTY MEDICAL EXAMINER TA
20. BURIAL, EREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
REMOVAL (Specify), 3/7/1 VINNALL SAME	11 the Distriction
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
4-5. That so he wastness T	22 1 6
1 - + 1/6 of 1 11. 1/10/21/4/10/21c.	1/1/ DATE AR 7 160 Orthur & Heard



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2 LISUAL RESIDENCE (Where deceased tived If institution Residence before admission)

ľ	county Carroll			MARYL	AND	o. STATE	rvland	6 COUNTY	Øitar.		
H	b. CITY OR TOWN (IF	outside corporate lim	its, write	c LENGTH OF STAY II	V 1b	c. CITY OR TOWN (		orote limits, write R	URAL ond giv	e nearest to	own)
	RURAL and give ne	*		200		D	4.2			= 1	. 4
-	Sylesvill d NAME OF HOSPITA		give street	oddress)		d. STREET ADDRESS	timore.	_ /	/		RESIDENCE
	OR INSTITUTION					TRELLE	ELECO	STUSE TA	3507-	YES	A FARM?
	Springfiel		I.			201 1111007	4. DATE	Her	41.	D	Yeor
3.	NAME OF DECEASED	Fi	rst	Middle	_	Last	OF DEAT			Day	
_	(Type or print)	Alice M.	1	Garvey	44.04.	rdiner	DEAT	Plat Gil		~~	1960
S.	SEX	6. COLOR OR RACE	7 MARI	RIED 🔼 NEVER MARRIED		DATE OF BIRTH		9 AGE (In years lost birthday)		oys Hou	
	female	white_	WIDOW			12/13/79	}	80yn			
10	o USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUST	RY 11 BIRTHPLACE (St	tote or foreign	country)	112 CITIZE		NT COUNTRY?
	Housewor	1	'			Maryl	and		Un	ited S	States
13.	FATHER'S NAME					14 MOTHER'S MAIDE	IN NAME				
	Pater	Garvey				Mary	Hogan				
	WAS DECEASED EVE	IN U. S. ARMED FOI		SOCIAL SECURITY NO	17 INF	ORMANT		5806 HAT	(Jun Av	a. Bai	lto.
ξγ.	es no or unknown)	If yes, give wor or dates of	service)	purpose and the second	D.	anghter: Mr	o Jam	es Richar	~		
F	18 CAUSE OF DEA	TH [Enter only one co	ouse per li	ine for (o), (b), and (c).]	1111	SHOP IT IT	a SHed	, , , , , , , , , , , , , , , , , , , ,			BETWEEN
		TH WAS CAUSED BY			110					2 wee	ND DEATH
L	)	IMMEDIATE CAUSE (		onchopneumor	118					2 400	7350
L	7	DUE TO									
	Conditions, if or		<u>ы ГТ</u>	acture of Pu	1018						
L	couse (a), stating		0								
<u> </u>	lying couse lost.		<u>c)</u>							1	A.C. ALLITOREY
A710N	PART II. OTH	IER SIGNIFICANT CON	NDITIONS,	CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TE	ERMINAL DISE	ASE CONDITION GI	VEN IN PARI	PER	KPOKMED?
1 0		phrenic re		on, hebephre						YES	NO 🗌
CERTIFI	20g. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH		SCRIBE HOW INJURY OF	CURRED	. (Enter noture of injury	in Port I or P	'art II of item 1B)			
	1	MEDICAL EXAMINER)	' E	Fell down	2						
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye		INJURY OCCURRED	20e PLA	CE OF INJURY (Home, ory, street, office bidg.		ity or town)	(Ce	ounly)	(Stote
AED	Hour Jum	2/10 19/	While			nital		kesville	Carro	II <sup>M</sup> a:	rvland
1		1 /1 (ship hopeite	11 - 14	ded the deceased			1960. to				l) (we) las
L	1		4	19_60, and							, , .
1	saw the deceas	sed alive an 37	4	17_QU , and	rnar ae	earn accorred ur_	(Z/II, II O	in the couses of			22b. DATE
	Tanes	Tani de	11 11	hazalin		ATTENDING PHYS	MED. DIRECTOR [	STAFF PHYS	3/12/	60	SIGNE
	22c PHYSICIAN'S	PART CECK		rought	rv	22d ADDRESS					
	NAME (Type)	Agustin de	el Ca	mpo/M.D.		Sykesv	ille M	laryland			
-	1	DATE PURSE	25	Log Addition of Court	TERY CO	CREMATORY	224 100	TATION ICIN ISSUE	or county)		Chate)
160	Ba. BURIAL CREMATIC	IN. 1 23b WAIT THEKE	Ur.	23c. NAME OF CEME	TEKT OK	CKEWATOK	1430 LOC	CATION (City, town,	or coonly)	(	State)

page 3 shau'd be detached far use as the burtal-transit permit. the State Board of Health prior to burial, cremation, or removal, TO FUJ TO HO May VR A15 (4) 1SM 9/S9

ours after death. Page 4

SICIAN: The law requires that the death certificate be executed

rtending physician.

OR ATTENDING PHY At DIRECTOR: After the

erificate has been signed by the attending physician and common the burial-transit permit. Then please remove marbon papers

(in by the funeral director, and 2 shauld be filed with

2 hours after death.

ond in any event, with

marbon papers

& SON-GREENMOUNT AVE & 22ND

CATHEDRAI ADDRESS

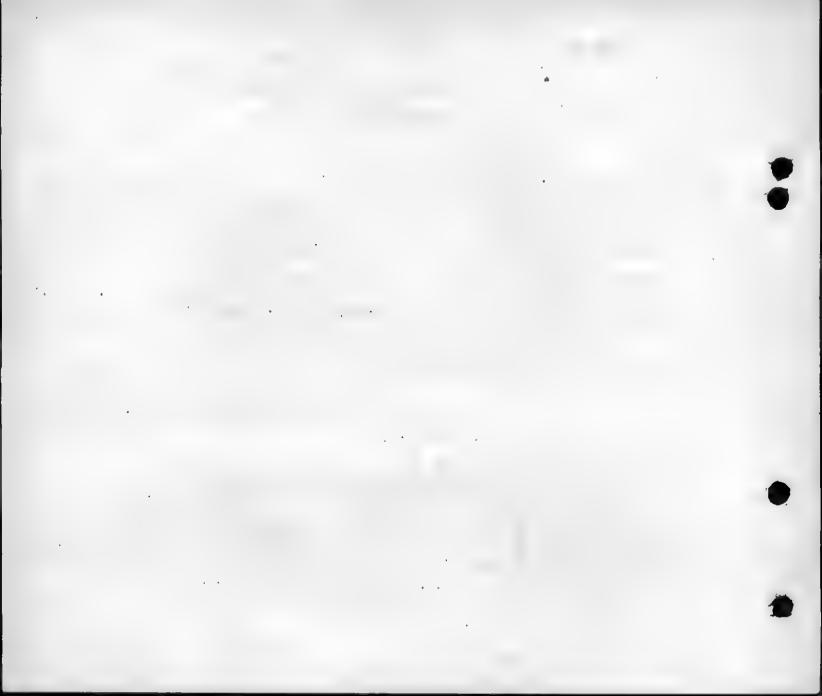
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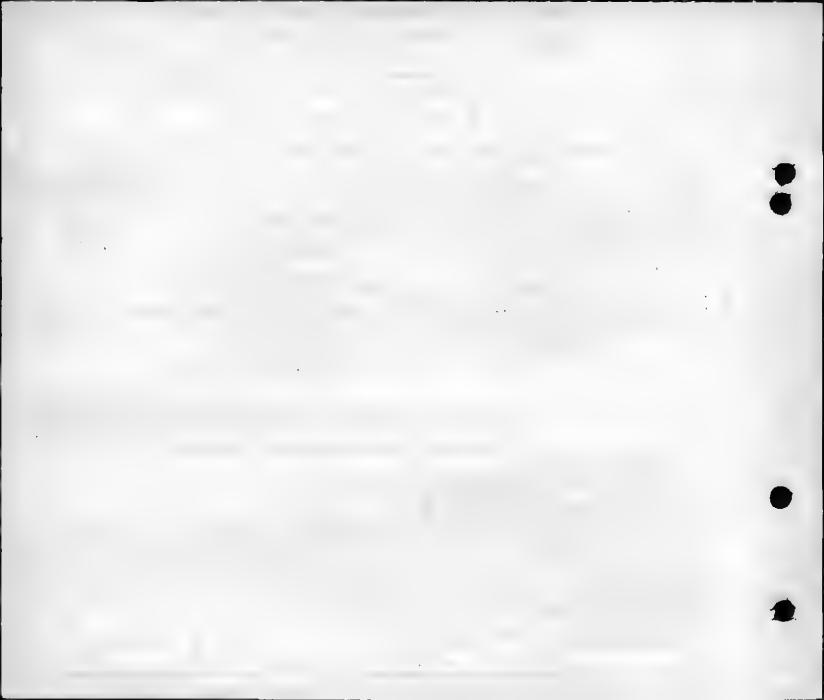
24 FUNERAL DIRECTOR'S SIGNATURE

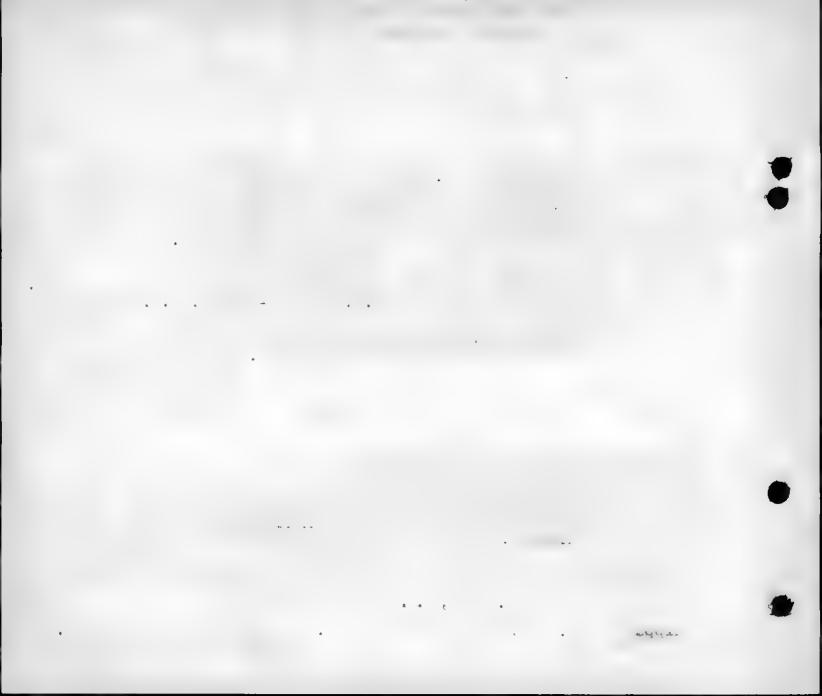
Y BALTO DATE MAR 1 6 '60

CEMETERY

256 REGISTRAR'S SIGNATURE
Chilling S. Haus







	ful and by the funeral director,	es 1 ond 2 should be filed with	
Joined by the haspitol, attending physician.	TO FUX. At DIRECTOR: After it if if it is been signed by the ottending physician and completely	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	the registror priar to burial, cremotion, or removal, and in ony event within 72 hours after deoth.
moy 5	TO FUX	poge 3	the reg

VS A15 (4) 15M 9/55

T	PLACE OF DEATH o. COUNTS		2. USUAL RESIDENCE (Where deceased lived				
П	Cherroll	MARYLAND	o. STATE 3/ MANUAL	b. COUNTY (ASSALL			
Г		LENGTH OF STAY IN 16	c. CITY OR TOWN (If pulside carporate In	mits, write RURAL and give nearest town)			
L	RURAL and give nearest town)	62	(Metmanote	.27			
T	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	lress)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
	250 E Kheen	1.	258 2 the	en JT. YES NO T			
3	B. NAME OF First DECEASED	Middle	Last 4. DATE	Month Day, Year			
	(Type or print) NCRICITY	ECGENE	CTROFT DEATH	NARCH 4 1960			
	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9 AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS thirthday) Manths Days Hours Min.			
L	Male LATATE WIDOWED		NER Y 1897 6	2 yrs.			
	Oo. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ID OF BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
1	State Read Campbone	( lalyer	I Canada Co.	ma U'Sell.			
IJ	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Ł	Joseph Hick	(	and Un	lla.			
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOI (Yill, no, or unknown)	CIAL SECURITY NO. 17.	INFORMANT	Address Emma.			
		XA	so Helen Bowen la	Att With months			
	18. CAUSE OF DEATH [Enter only one couse per line f	or (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH			
Т	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coroniere Occlusion I day						
Т	1420 / DUE TO						
ı	Conditions, if ony, which) on Streense of Coronary arthury 3 ye						
1	gave rise to immediate DUE TO	1					
ı	lying couse last. (c)	V					
H	PART II. OTHER SIGNIFICANT CONDITIONS CON	ATRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?			
	3 and			YES NO			
	200. ACCIDENT WAS UNDERLYING (1) 20b. DESCRI	BE HOW INJURY OCCURR	ED. (Enter noture of injury in Part I or Port II of	item 18.)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
			ACE OF INJURY (Home, form, 20f. (City or to actory, street, office bldg., etc.)	wn) (County) (State)			
	Hour a.m. 19 While at work	_ i dot idilitie		ve 1796 a			
1	21. I certify that I attended the deceased	fram march	19: 1/ 10 Juar. 4	in 1940, that I last saw the deceased			
1	alive an Truch, 3 , 1960			causes and an the date stated above.			
	1	'	ADDRESS (Street, o	city or town, state) DATE SIGNED			
1	SIGNATURE CASSILL	alin	M.D. Westmin	ter, md, 5-4-60			
ı	PHYSICIAN'S	_ /		,			
	NAME (Type) C. Lai (3)	1195/20	<u>×</u>				
7	22d. BURIAL, CREMATION, 22b, DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION	City, town, or county) (State)			
	REMOVAL (Specify) Dea 7/960	MY Amm.	dec amilias We	strumply hill			
2	3 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE			
1	La Mayor Hally	Minnell	DATE MAN 7 '60	arthur & Kroud			



TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4

may: Sained by the haspital strending physician.

• Fun. 1 DIRECTOR: After the stringle has been signed by the attending physician and camp? page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. The registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO FUI

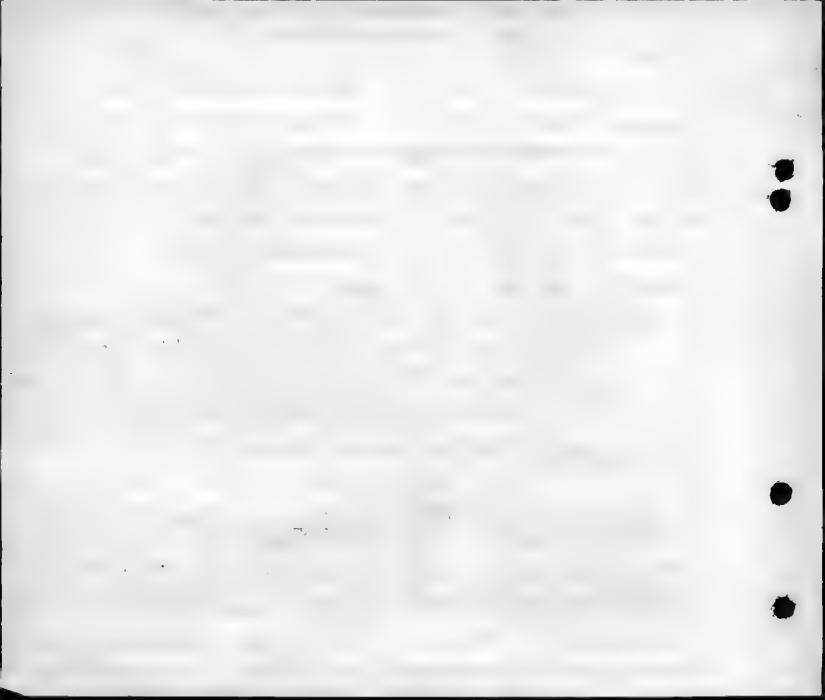
VS A1S (4) 1SM 9/55

In by the funeral director, and 2 shauld be filed with

H

Rea. Dist. No.

_		
	PLACE OF DEATH  o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE  b/COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  2522446247  e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) RUSSELL LEE HA	A DATE Month Doy Year OF DEATH 212 6/ 24 196
7	7766 11 tet WIDOWED BY DIVORCED	8. DATE OF BIRTH 9. AGE (In years lat birthdoy) 13. AGE (In years lat birthdoy) 14. AGE (In years lat birthdoy) 15. Months Days Hours Min.
	during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME  LEGAL L. HURRES	14. MOTHER'S MAIDEN NAME  A12722 :
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In 19. In	BONLHames Whater
z	Canditions, if ony, which gove rise to immediate course (o), stoting the under-lying course lost.	disease 15 7
CERTIFICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED FOR Hour o. m.  p. m. 19 While Not while of work of work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) tory, street, office bidg., etc.)
	0	accurred at M., from the causes and an the date stated abave.  ADORESS (Street, City or town, stole)  DATE SIGNED
	PHYSICIAN'S EREESEWILLEN	9 westminster h
226	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d LOCATION (City, town, or county) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE MAR 3 1 '60 Criting S. Krauss



and that death accurred at 4 5/PM, from the causes and on the date stated above.

ACTUAL SIGNATURE

PHILICAGAL

NAME (Type

WESTMINSTER

ADDRESS (Street, city or town, state)

DATE SIGNED

(Stote)

BURIAL CREMATION. REMOVAL (Specify)

22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

MUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

24n. RÉC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A1S (4) 1 9/55

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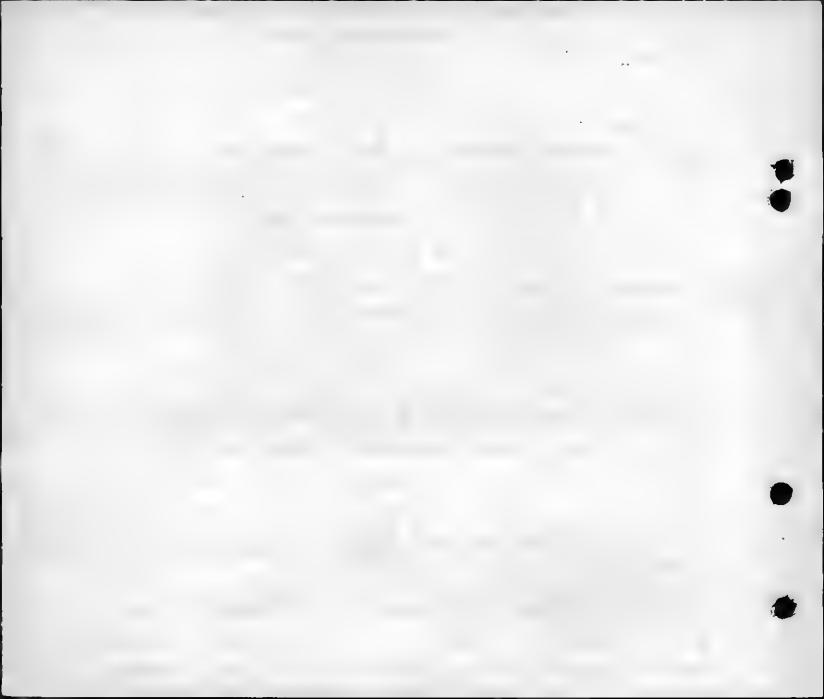
physicion

oftending

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arthur & House



CULWELL

Prospect

ADDRESS

Winfield, Md.

03116

e. IS RESIDENCE

Hours

ON A FARM?

YES NO

Year

19 60

12.

12. CITIZEN OF WHAT COUNTRY? U.S. Easton: Marshall Hood, 632 Howard St. Md. INTERVAL BETWEEN tousing Arteriorlevtic Cardinamilas PERFORMED? YES NO DE (County) (Stote) 1960 that I last saw the deceased and that death accurred at 750AM, from the causes and on the date stated above. 22c. NAME OF CEMETERY OR CREMATORY Frederick Co., Md. 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR MAR 1 5 '60 arthur & Kraus DATE

0 VS A15 (4) 15M 9/5B

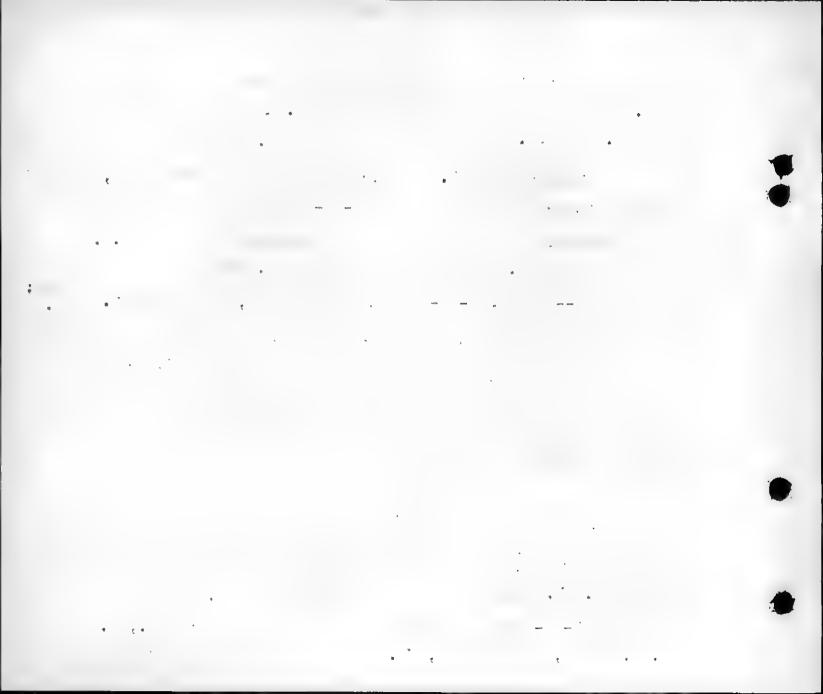
PHYSICIAN'S

NAME (Type)

220 BUR AL, CREMATION, 226. DATE THEREOF

Waltz.

23 FUNERAL DIRECTOR'S SIGNATURE



2 2 2 4 VS A1S (4) 15M 9/58



**ADDRESS** 

Cem.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

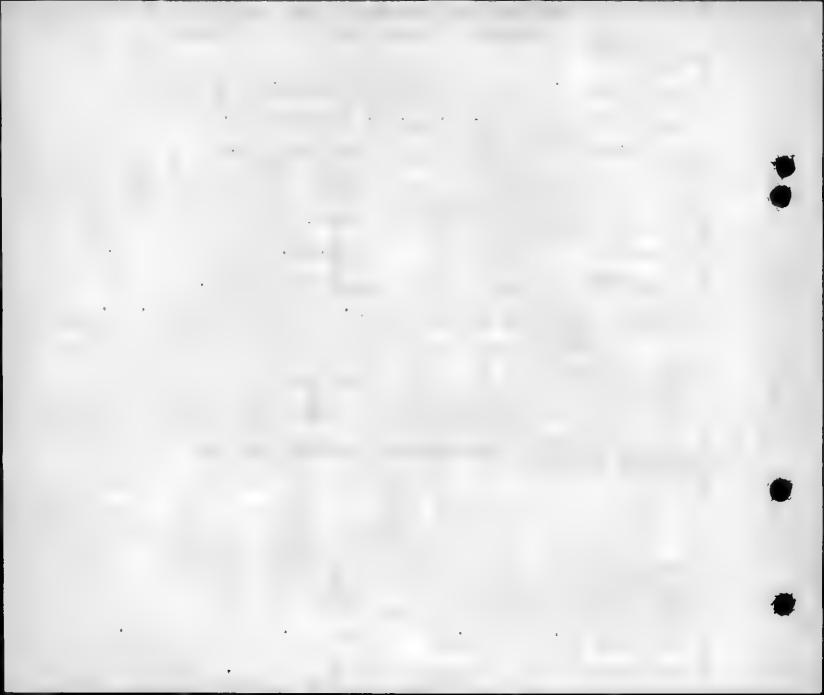
Orthur & Frank

VS. A15ME(S) 5M 9/55

Mar. 3

Burial

23. FUNERAL DIRECTOR'S SIGNATURE



22c. NAME OF CEME

Maplewood

DATE

ADDRESS

22b. DATE THEREOF

Mar.

14, 1960

220. BURIAL CREMATION,

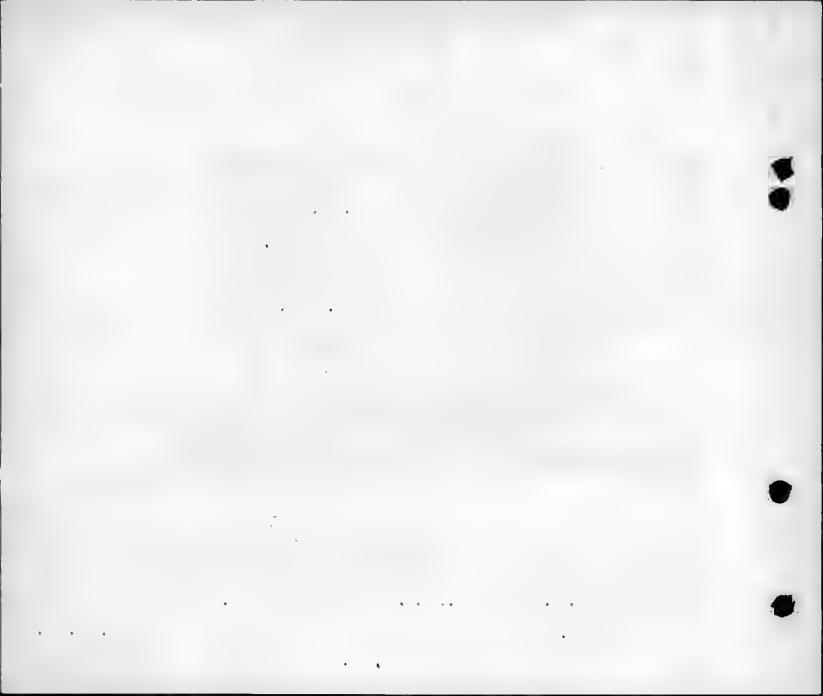
Burial

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

CERTIFIC	ATE OF D	DEATH	i—bal 1	.11146	OKE, I				3119	
						Reg. D				
44 - 201 4 - 10	2. USUAL RESI	DENCE (Wh	ere decease	d lived	If institutes	on Reside	nce befo	ore odmi	ision)	
MARYLAND	]?	Maryla	and			-2447	· O Abd		<b>√</b>	
NGTH OF STAY IN 16	c. CITY OR I	TOWN (If o	utside corpo	rote lin	nits, write RI	URAL ond	give ne	arest tow	rn)	
4 Years	-S <sub>2</sub>	rkeevi	dde E	Balt	imore	3		311.4		
}	d. STREET A	DDRESS						e. 15 RE	SIDENCE A FARM?	
	370	00 11.0	harle	s S	treet				] NO []	
Middle	Los		4. DATE		Mon	th	De	Эγ	Year	
Allen	Kephar	t	DEATH		Mar	ch	1	2	1960	
NEVER MARRIED	8. DATE OF BIRTI			9 AG	E (In years		RIYEAR	IF UND	ER 24 HRS.	
DIVORCED [	Feb. 18,	,1862		last	birthdoy) 98 yrs	Months	Days	Hours	Min	
OF BUSINESS OR INDU	STRY 11 BIRTHPL	ACE (Stole	or fareign c		7	12 CI	TIZEN C	DE WHA	T COUNTRY?	
ruction Medera, Pa.										
	14. MOTHER'S	MAIDEN N	IAME							
	Lavin	a Shof	ff							
SECURITY NO. 17.	INFORMANT				Addr	· ess				
e	John W. 1	Lohr,	Elkir	ıs,	West	Virgi	lnia			
o), (b), and (c).							LINIT	FRVAL R	FTWFFN	
alized art	ericecle	no ei a							DEATH	
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BUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONI	DITION GIV	FN IN PAI	RT 1(a)	9. WAS	AUTOPSY	
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OW INJURY OCCURRE	D (Enter nature o	f incore in P	art Lor Par	l II of i	turn IR 1			TES [_	] но 🔀	
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OCCURRED 20e. Pt	ACE OF INJURY (	Hama farm	7006 (01)						101 1 1	
ol while fo	clory, street, office	bldg., etc.	) [	OF 10W	rn}		(County)		(Slote)	
m 1 March	19 56	ta I	Marc	ch	19 60	that I	lost se	ow the	deceased	
, and that death	accurred at	3:15	AM, fran	n the	causes a	nd on t	he do	te stat	ed abave	
					ly or lown,				ATE SIGNED	
	MD L	ibert	y Road	lat	Elde	rsbu	rg	3/1	2/60	
r. M.D.	S	ykesv:	ille 2	2. M	aryla	nd				
NAME OF CEMETERY O					City, town, a			/500	te)	
plewood Ce					Rand		Co.	. W.	te) Va.	
DDRESS	J	240. REC'D			24b REGIS			RE .		
Sykesville	, Md.	DATE	AAR 1 5	'60	1	interes!	3, 70	sale.		

TO FUN VS A15 (4) 15M 10/57

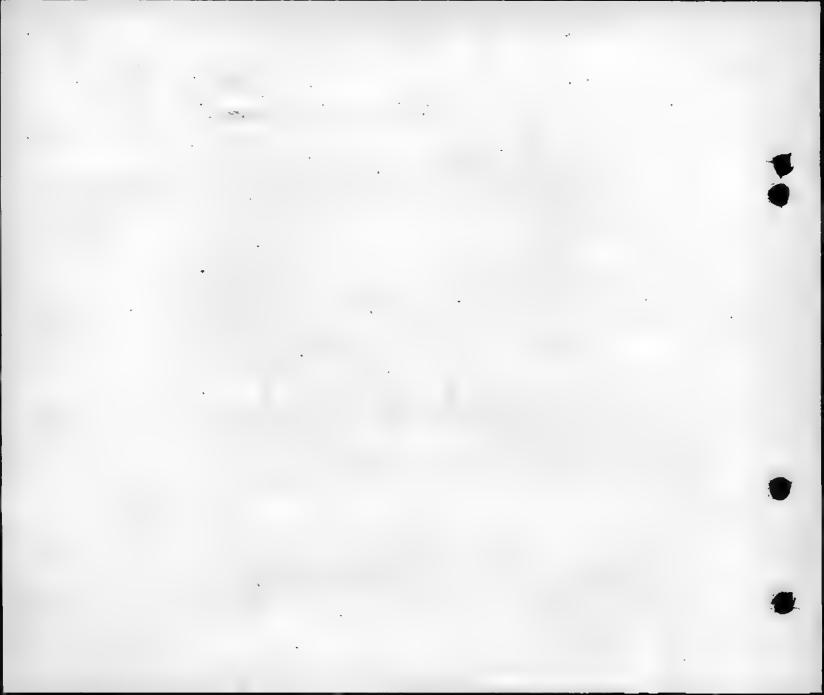


D FUNERAL DIRECTOR: After this second has been signed by the attending plysician and camples. Fille page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event withing?? Though after death

TO HO

VR A1S (4) 1SM 9/59

PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived (If institution Residence before admission) a. STATE b. COUNTY
CADARI CA	CITY OF TOWN IN THE STATE OF TH
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	CCITY OR TOWN (If outside corporate lithits, write RURAL and give nearest town)
Hard of society of the stage	14 4 Sellen collected to the second
d. NAME OF HOSPITAL (If not in haspital, give street address) ORINSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
1 . lle - 2. ( . 1 ) 3 d 9 / to -il	Dept of D G Pleand & Spir Al. YES NO E
3 NAME OF DECEASED (Type or print) AND IE ELIZABET	4. DATE Manth Day Year OF DEATH 124 0/ 3/ 1960
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DAJE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday)  Manths Days Hours Min
Alice all lit it WIDOWED & DIVORCED	Cly 1 (26/88) loss birmay) Manths Days Hours Min
10a/ USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDI during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
to the bill	Perma. 4.5.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
( h 12/ 12 / 1 2	Marrie Piyler
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yet, no or unknown)   (If yes, give wor or doles of service)	INFORMANT Address 4 7
//	no Cally rock & Ata March and
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) Pretural les	carondorie - Indoller of ONSET AND DEATH
DUE TO	1559
Conditions, if ony, which ) (b) Revoluce - Co in	reclied Augunna - 700
gove rise to immediate cause (a), stating the under-	1 1 - 1 0 1 0 20 1
lying cause rost. (c) Alabeler, light	moselling light Measure 31 th with a
PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
4	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)!
Hour o m.    White Not white   19   of work   at work	dudy, street, office diag., etc.)
21 I certify that (I) (this hospital) attended the deceased from	1959 19 1031 72 with 1960, that (1) (we) lost
	deoth occurred of PM, from the couses and on the date stated above
22a. SIGNATURE	22b.DATE
Howard E. Hall	M.D. PHYS. SIGNED SIGNED
PHYSICIAN'S HOWARD E. HALL	22d. ADDRESS A Dear Me 1 /2 d 31 mont to
23a. BURIAL, EREMATION, 23b. DATE THEREOF / 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or county) (State)
REMOVAL (Specify) (1/22/3/60 /3/1/1	Course of Van Assellation of met 1
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR   256 REGISTRAR'S SIGNATURE
X.2 Myen, the titing	The 1 DATE ADD 5 160 0 5 160



CERTIFICATE OF DEATH

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sation by the funeral director, I and 2 should be filed with

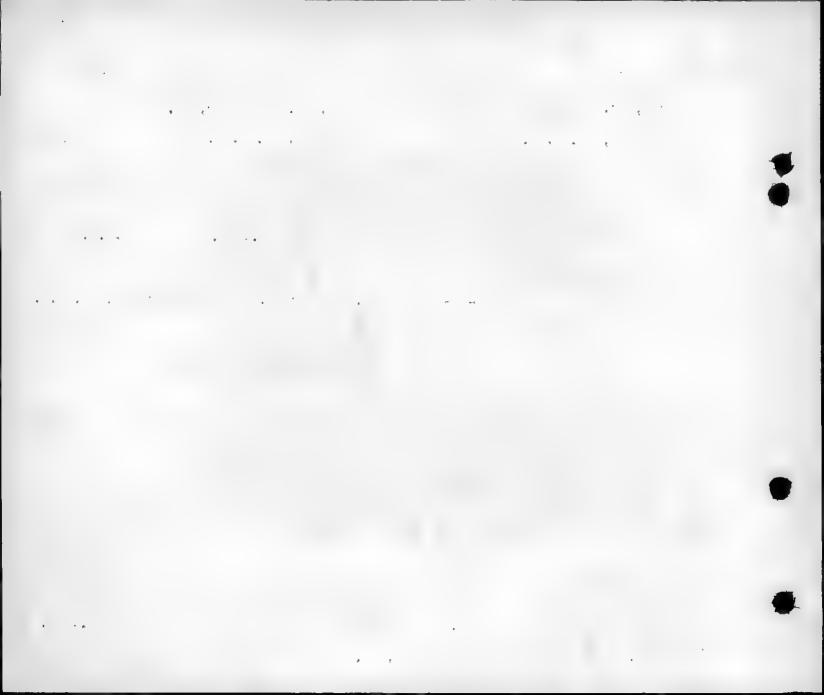
urs after deoth. Page 4

D FUNCAAL DIRECTOR: After the Chificate has been signed by the attending physician and comple poge 3 should be detached for use as the burial-transit permit. Then please remove corbor confers, the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 maurs of the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 maurs of the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 maurs. Hending physician.

ICIAN: The lam requirms that the death certificate be executed

TO HOSEVAL OR ATTENBING FHY
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may
TO FUNCAL DIRECTOR: After th; VR A15 (4) 1SM 9/S9

1. PLACE OF DEATH o. COUNTERTOLL	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATMARY land b. COUNTY Carroll							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural, Nr. Taney town	Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Rural, Nr. Taneytown, Md.							
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUT ON Taney town, Md. R. D. 1	oddress)	d. street Address Taneytown, Mo	i. R. D. 1	B. IS RESIDENCE ON A FARM? YES TO NO					
3. NAME OF DECEASED (Type or print) Theodore	Middle Bertram	Koontz	4. DATE Month OF DEATH 3/28/60						
Male Whate widow		8/17/1876	83 prs	Months Doys Hours Min.					
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Farmer	KIND OF BUSINESS OR INDU	Carroll C	8.4.4	U.S.A.					
Abraham Koontz		14. MOTHER'S MAIDEN N. Clementin							
(Yes, no or unknown)   (If yes, give war or dates of service.		rs. Theodore B	Address Roontz, Tane	ytown, Md. R.D.J					
PART I. DEATH Enter only one cause per In PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a), slating the under- lying cause last.  (c)	Spertenous	Hemons Cardio. Vesc	rage ula Ulisea	INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS				N IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO (2)					
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	or l or Port ti of Item 16.]						
20c. TIME OF INJURY Month, Day, Yeor 20d. I Hour a. m. 19 While of wor	Not while fo	ACE OF INJURY (Home, form, ctary, street, office bldg, etc.)	20f. (City or town)	(County) (State					
21. I certify that (I) (this hospital) attends sow the deceased alive an 3 - 20 220 SIGNATURE	M, from the causes and	1960, that (1) (we) last on the date stated above 22b. DATE SIGNE							
23d. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial 3/31/60	23c NAME OF CEMETERY CO St. Marys Ce	,	23d. LOCATION (City, town, or Silver Run, Ca	r county) (Stote)					
24 FURERAL DIRECTOR'S SIGNATURE	ADDRESS Littlestown,	Do.		TRAR'S SIGNATURE					



requires that the death certificate be executed

ar removal, and in page 3 shauld be detached for use DIRECTOR: After this

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I. PLACE OF DEATH p. COUNTY

after death. Page

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AL ULB	CERT	<b>IFICATE</b>	OF	DE.	ATI

-						-
	2.	usual residence o. STATMary	(Where deceased Land		Residence before o	

MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) Union Bradge Union Bridge vears

d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS

Carroll

e. IS RESIDENCE

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE MAR 1 6 '60

Darnestown, Maryland

24b. REGISTRAR'S SIGNATURE

Chillen & Kans

(State)

Rea. Dist. No.

	okinsiidion Rural		S NO					
	3. NAME OF DECEASED (Type or print) CHARLES L. Middle LO	WERY  A. DATE OF DEATH  March 12,	Year 19 60					
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF U						
	Male White WIDOWED DIVORCED	5/11/1898   61 m   10   1"   "	IVrs Min					
	<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>		HAT COUNTRY?					
	Farmer Own farm	Maryland US						
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
	George D. Lowery	Annie V. McCrossin						
ı	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II	NFORMANT Address						
		ary K. Lowery-wife-same as 2d						
Ī	18. CAUSE OF DEATH [Enter only one cause perfine for (o), (b), and (c).]		L BETWEEN					
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	man Maramary ONSET	AND DEATH					
1	420. Due 10							
1	Conditions if any which \							
1	gave rise to immediate (	<u></u>	<del></del>					
J	lying course lest							
ł		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	AS AUTOPSY					
기	TATE TO THE TATE T	PE PE	ERFORMED?					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port t or Part II af item 18.)						
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Nol while of work of wo							
	21. I certify that I attended the deceased from	1954, 1964 1 lost saw	he deceased					
1	alive and 167 / 1960 / and that death							
1	0 11 201 1 8	ADDRESS (Street, Oly or lown, state) 7	DATE SIGNED.					
	ACTUAL SIGNATURE	In them Asyllis and	mm 19					
		mis of for de she the affect of a few bills and of the de adula habely a	-1-14-1-1-2					
	PHYSICIAN'S J. H. Messler. MD.	Union Bridge, Md.						

22c. NAME OF CEMETERY OR CREMATORY

Bethesda, Maryland

Darnestown Church Cem

TO FUNS VS A15 (4) 15M 10/57

the registrar

220. BUR AL. (REMATION, REMOVAL Specify)
BUTIAL

23 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

22b DATE THEREOF

3/16/60



3148

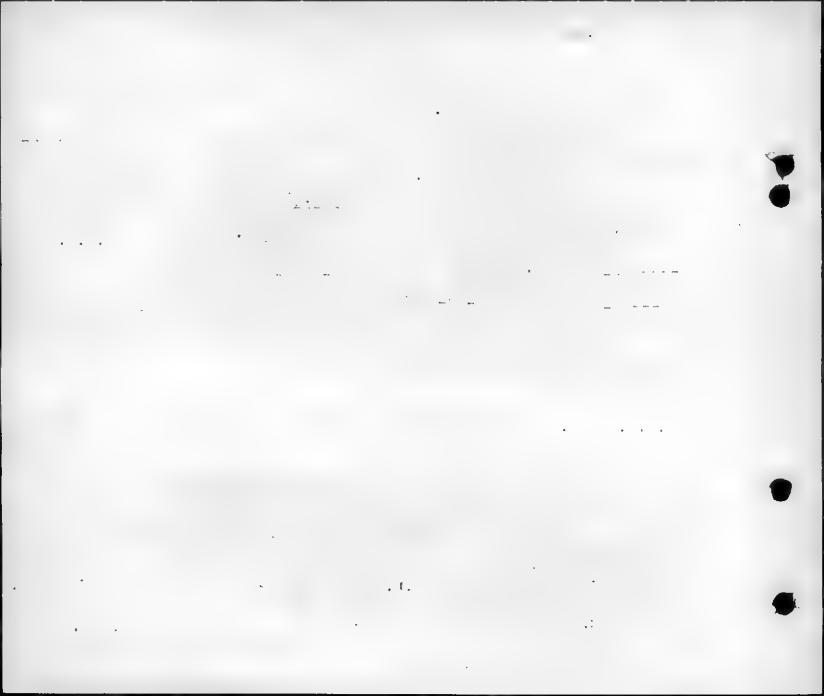
1		PLACE OF DEATH	rroll	MARYI		o. STATE Mar	yla	nd b	If institution.	Garr	before od	mission)
	ı	Sykes Vil	f autside corporate limits, wr excest town) . Le ,	c. LENGTH OF STAY I		c. CITY OR TOWN	•	ide corporate lim	ils, write RI	JRAL and giv	neorest t	own)
Parameters.	•	d. NAME OF HOSPIT OR INSTITUTION Springii	AL (If not in hospital, give steeld State I	Hospital		d street addre					01	RESIDENCE N A FARM?
	- 1	NAME OF DECEASED (Type or print)	First Amos	Middle C .		Martin	4	OF	arc <b>h</b>	10,	Day	Yeor 19 60
	5. 5	Male	7 74 4 1	MARRIED A NEVER MARRIE		PATE OF 210H UTHETHOWN	188	6 9. AGI	(In years birthday) yrs.		YEAR IF U	NDER 24 HRS urs Min.
	Re	Unknown	ON (Give kind of work done Profitie (Pan if retired) L	Own Farm	NDUSTR	11. BIRTHPLACE	(State or	foreign country)			U.S.	AT COUNTRY?
	13.	FATHER'S NAME	D 1 = 1			14. MOTHER'S MAI	DEN NA	ME				
		Unknown	Peter F. M	artin		Unkne	-UHW-C	Eliza	F1ke			
	15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFO	RMANT			Addr			
	no		(If yes, give war or dates of service). HT—	216-38-150]	Sp	ringfiel	ld H	lospita	l Red	cords		
			ATH [Enter only one cause partition of the cause of the c	per line for (a), (b), ond (c) ] Myocardial		arction					INTERVAL ONSET A Day	L BETWEEN ND DEATH
	Conditions, if ony, which (b) Arteriosclerosis obliterans Years										rs	
		gove rise to immediate cause (a), stating the under lying cause lost.  Bronchopneumonia									Days	
2	CERTIFICATION	C.B.S.	HER SIGNIFICANT CONDITION	ons contributing to be senile brai	n di	SEASE W	i th	psycho	tic ]	en in part i	10 n PE YES	AS AUTOPSY REORMED?
		20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   20b.  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CURRED. (	Enter nature of inju	iry in Par	rt I ar Port II of i	tem 1B )			
	MEDICAL	20c. TIME OF INJUI Hour o m. p. m.	W.	Od. INJURY OCCURRED  While Not while twark of work		OF INJURY (Home y, street, office bld		20f. (City or taw	n)	(Co	unfy]	(State)
				tended the deceased Ch 1019 60and								
,		220 SIGNATURE	stri del	1 Cambo		ATTENDING PHYS.			ff <b>X</b> 5			226 DATE SIGNED
	-	22c. PHYSIC.AN'S NAME (Type)	Agustin de	elCampg, M.	D.	Spring		eld Hos	pita.	l,Syk	esvi	lle,Mo
	230	BURIAL CREMATIC REMOVAL Specify BULLAL	3/13/1960	23c NAME OF CEME			23	Garret			Md.	(Stole)
	24,	FUNERAL DIRECTOR		ADDRESS	1 171	/ 250		BY REGISTRAR		STRAR'S SIGN		

by the funeral directar, 1 and 2 shauld be filed with After death. D FUNEXAL DIRECTOR: After this — fifficate has been signed by the attending physician and cample page 3 shauld be detached for use as the burial-transis permit. Then please remove carborr Papers. the Smete Baard of Health prior to Burial, cremation, or minaval, and in any event, within \$2 haurs difference. 2 haurs tending physician. may ined by the haspita
TO FUNEXAL DIRECTOR: After this

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

urs after death. Page 4

TO HO VR A1S (4) 1SM 9/S9

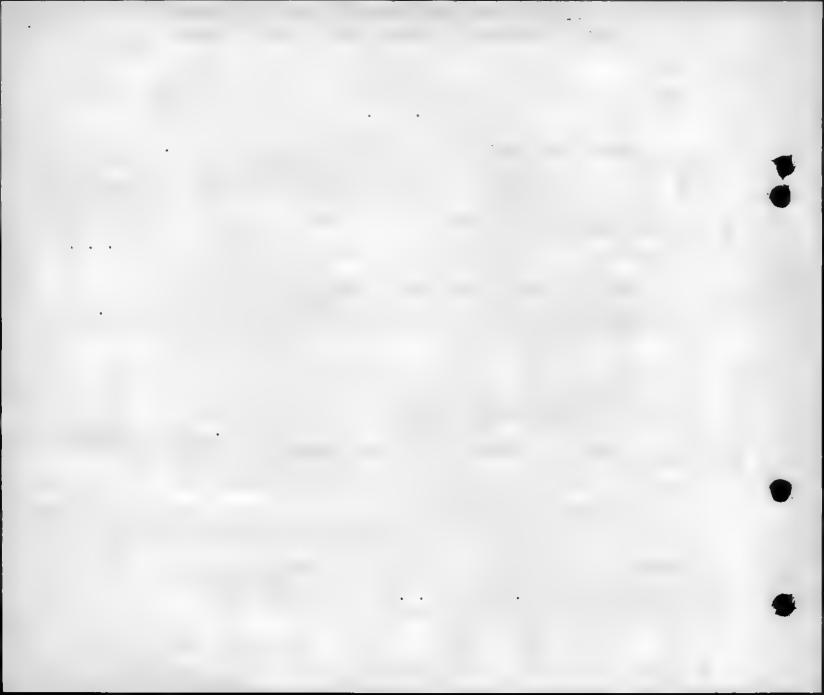


_										MAR' DIST	140.		
	MACE OF DEATH o. COUNTY Carroll				2. USUAL RES				institutio	on: Residence	e befar	e odmiss	ion)
_			MARYL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	<ul> <li>CITY OR TOWN (If outside corporate limits, write RUR and gave nearest town)</li> </ul>	AL	c. LENGTH OF STAY IN		·	TOWN (IF	outside cor	porote limits,	write R	URAL and gi	ive neo	rest fawr	n)
_	Sykesville		12yrs.3m				onacc	oning			*	,JP.	
4	d. NAME OF HOSPITAL OR INSTITUTION (IF not				d. STREET A	DORESS					- 1		FARM?
_	Springfield State	Hos	spital		1	5 Wa	shing	gton S	it.			YES 🗌	ио [
Ė,	NAME OF First DECEASED		Middle		Last		4. DATE OF	- 1	Month		Day	Yec	)r
	(Type or print) Mary				McGe	е	DEATH	Mar	ch		11.	19	- 60
. :	SEX 6. COLOR OR RACE 7.	MARRIE	D NEVER MARRIED	<b>[</b> 2]L B.	DATE OF BIRTH			9. AGE (In yes		FUNDER TY		UNDER	
	Female White W	DOWED	DIYORCED [	ו	Unkno	wn		11 6	yrs,	Months Do	ys r	lours	Min.
0c	D. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KI	IND OF BUSINESS OR IN	4DUSTR	Y 11. BIRTHPL	ACE (Slote	or foreign o	country)		12. CITIZE	N OF	WHAT C	OUNTR
	None		none		Ma	rvla	nd			11	.S.	Δ	
13.	FATHER'S NAME				14. MOTHER'S					<u> </u>		4.4.	
	James McGee				IJ	nkno	מינעו						
	WAS DECEASED EVER IN U. S. ARMED FORCES		OCIAL SECURITY NO.	17. IN	FORMANT	LILLIIO	*****	Ad	dress				
Ye	NO - Iff yes, give wor or dates of service	•)	_	9	Spring	fiel	d Hos	spital	D.	ecord	0		
=	18. CAUSE OF DEATH   Enter only one cause po	er line f	or (a), (b), and (c), )		<u> </u>	للمالك	<u>u 110 c</u>	2 14 14 14 14			INTERVA	& DETWEEN	N .
	PART I, DEATH WAS CAUSED BY:	1	1711.10 /	, , , , ,	anh	2000	5000	the.	'n	hope	DINSET	AND DEATH	2011
	5 2 6 X DUE TO		1.10/+ 1	L 11	4 9.11.	)CC)	300	1 17/6	114	10/0/1	Le la	Y CL.	414
	30210	3 K (	CNCHIE	CT	7A515	>	the second contract of		we		. 11	-	0
	Conditions, if eny, which by gove rise to immediate cause		*								40	"4)	
	(a), stating the underlying DUE TO										,		
,	couse lost. (c)	) IS CO	NATIONAL TO DEATH	BUT N	DE RELATED TO	THE TERM	LEAD DICEAR	F CONDITION	A C D (E)	16.00.00	(1)20	3454 F 44	ITO SEV
S I S	Mental deficiency	Wi	thout psy	cho	osis,	imbe	cilit	y.	GIVE	YIN PARLI		PERFOR	MED?
KILFK	PRIMARY LI OF CONTRIBUTING LI	ESCRIBE	HOW INJURY OCCURR	ED. (En	ter nature of in	jury in Port	l or Part li	of item 18.)					
į	CAUSE OF DEATH.	Inc. 1											
5	20c. TIME OF INJURY Month, Day, Year Hour a.m.	While		PLAC factor	E OF INJURY (I ry, street, office	lome, form bldg., etc.	20f. (City	or town)		(Count)	y}		(Stote)
¥	p. m. 19	of wor											
	21. I certify that I tack charge of	the re	emains described	abay	e, held an	Autopsy	y 📑 li	nspection		Inquiry		and fi	nd the
	death resulted from: Natural cau	ses 🗌	, Accident .	Suic	ide 🔲 , H	amicide	. □, U	ndetermin	ed ca	use 🔲.			
	1	6.1											
	SIGNATURE TO LUCY	11	LRARD		M.D. CHIEF N	EDICAL EX	AMINER [				,	MITTER	(Marie
					ASSISTA	NT MEDICA	AL EXAMINE	R 🗀					
	EXAMINER'S James T.	Ma	rsh, M.D.		DEPUTY	MEDICAL E	EXAMINER [	<b>¥</b>			3/	111/	60
20	O. BURIAL, CREMATION, 22b. DATE THEREOF		22c. NAME OF CEMETER	Y OR	HENTATORY		22d. LOCA	TION (City, to	own, or	county)		(State)	4
	Burial 3-15-6	0	Monaco	ne	ic 7		Men	MAZO	Hes	rily,	7	211	1
3.	FUNERAL DIRECTOR'S SIGNATURE	1	ADDRESS	روروب	9		D BY REGIST			RAR'S SIGN	4 .		
1	111. OLEUGEN'- DIO	100	concery,	112	10.1	DATE NA	AR 15'	bV	Car	hung S. 9	raile	4	

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Connall

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY

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urs after death Page II

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1, PLACE OF DEATH b. COUNTY

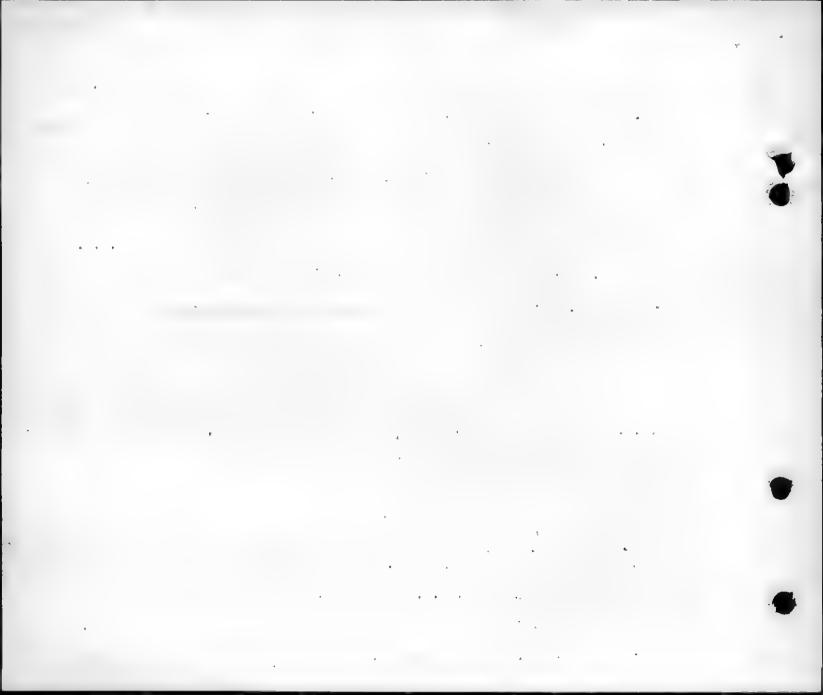
death. physician and carban altending please ding physicion. ate has been signed be burial-tronsit permit.

cample papers.

AL DIRECTOR: TO FUNE

VS A15 (4) 15M 9/5B

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b. CITY OR TOWN RURAL and give	Y IN Ib	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						Wn)		
Sykesy		25 days	,	Bal	timore	14.	Maryland		3101	1.4
d. NAME OF HOS	SPITAL (If not in hospital, give stre	set address)		d. STREET A		- Ample			e. IS R	ESIDENCE A FARM?
	field State Hos		1	541	5 Hil	Iburn	Avenue			□ NO □
3. NAME OF	First	Middl	0	Los		4. DATE	Mon	th	Day	Year
(Type or print)	Frederi	ick Will	iam	Mye	rs	OF DEATH	March		21.	19 60
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARR		DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER 1		DER 24 HRS.
Male	White WIDO	WED DIVORC	ED 🔲	Februa	rv 9.	1903	57 yrs	Months D	ays Haur	s Min.
10a. USUAL OCCUPA during most of w	TION (Give kind of work done) I working life, even if retired)	Ob. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACE (Stote o	or foreign co	ountry)	12 CITIZE	N OF WHAT	COUNTRY?
Firema	in		•		rylan			U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
Married Townson	H. Myers				erine	Schil				
15. WAS DECEASED E Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY N	D. INF	ORMANT			Addr	ess		
Las	World War II	***	Sp	ringfie	ld Hos	spital	Records			
	DEATH [Enter only one couse pe	r line for (a), (b), and (c	)-]						INTERVAL	
PART I. D	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Tar advanced	l pulm	nonary t	uberc	ulosis	3		Yea	
000	erit		*							
Conditions, if	fony, which ) (b)									
gave rise to couse (a), statis	immediate (									
lying couse lo							4			
Z PART II C	THER SIGNIF CANT CONDITION							EN IN PART I	(o) 19. WA	S AUTOPSY
C.B.S.	associated with	alcoholism	,with	psycho	tic re	eactio	n.			NO 🔀
200. ACCIDENT	WAS UNDERLYING 20b. E NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	PESCRIBE HOW INJURY	OCCURRED.	(Enter noture o	fînjury ın P	ort I or Port	II of item 18)			
Z 20c TIME OF INJ	JURY Month, Doy, Year 20c	INJURY OCCURRED		E OF INJURY			or town)	(Co	unty)	(Stote)
20c TIME OF INJ		ile Not while	focto	ery, street, office	bldg., etc.)					
	that I attended the dece		עיופווי	26. 1960	. Marc	h 27.	19.60	that I last	saw the	decensed
		2_60, and tha	_							
. 7	7 // 2 /	/	0	accorred at			reet, city or town,			ATE SIGNED
ACTUAL SIGNATURE	uliana d	Sykene	3/2	D. Spri	ngfie]	ld_Sta	te Hospi	tal	3/2	1/60
PHYSICIAN'S	7 7 1 5 1			7						,
NAME (Type)	Julian Radcyko	wycz, M.D.		Syke	sville	, Mar	yLand			
220. BUR AL, CREMA REMOXAL Speci	TION, 22b. DATE THEREOF	22c NAME OF CEA					ION (City, lown, o		4	lote)
Biria.	1" 3-24-60	Baltimo	re Nat	cional		Ba.	ltimore,	Maryla	and.	
23. FUNERAL DIRECTO		ADDRESS	2 22.2	(21)		BY REGIST		TRAR'S SIGN		
Wm. Cool	k Blight Inc. 6	uuy Ha rior	a Ka.	(14)	DATE	AR 2 4	60	Irthur S.	thous	



**CERTIFICATE OF DEATH** 

03126

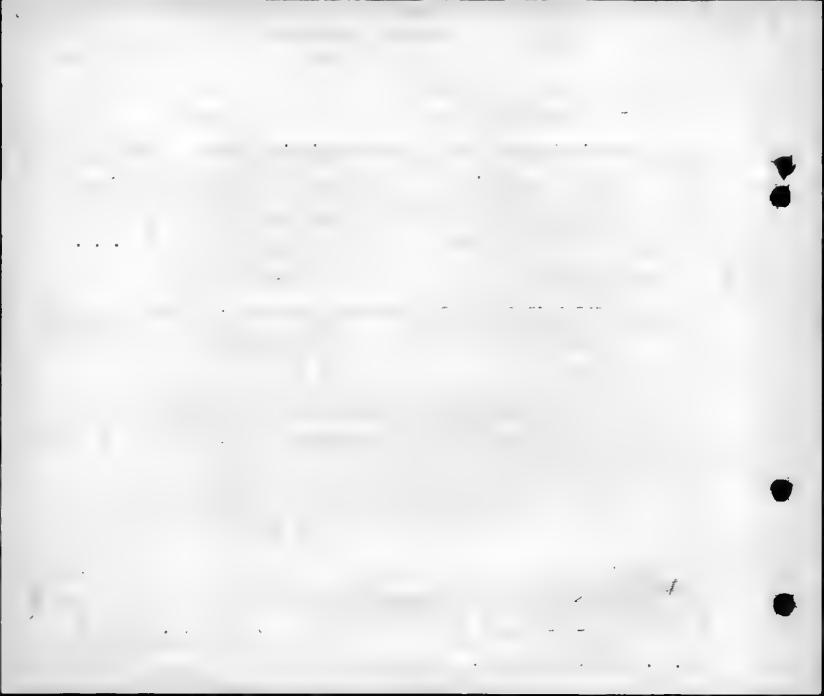
_	Reg. Dist. No.
1.	PLACE OF DEATH  o. COUNTY  CArroll  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission)  o. STATE  MARYLAND  COUNTY  CArroll
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  Marchester RD#   6. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED  Middle  Lost  4. DATE Month Doy Yeor  OF DEATH  March 2.3 1960
5.	SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DAJE OF BIRTH   9. AGE (In years left)   100
10	to. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Ching most of wirking life, even if retired)  Lacher Teacher Teacher Teacher 4  York Co. Fa 71.5. A.
13	Theodore myers of 14. MOTHERS MAIDEN NAME
	was deceased ever in u. s. armed forces? 16. social security no. INFORMANT  (st. no. or unknown)  (If yes, give wor or dolles of service)  2/9-14-8937 Mus Edma myers, manchister md
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  Conditions, if only, which gave rise to immediate cause (a), stating the under-lying couse lost.  [b]  OUE TO  [c]  INTERVAL BETWEEN ONSET AND DEATH  OUE TO  [b]  DUE TO  [c]
FICATION	
CERT	OR CONTRIBUTING   CAUSE OF DEATH   20. DESCRIBE HOW INJURY OCCURRED. (Chief Holds of Injury III Foll 1 of Injury III Foll I of Injury I of Injury III Foll I
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while p. m. 19 at work of work 19 at work 19 Not
	21. I certify that I attended the deceased fram NoV 1948, to March 23, 1960 that I last saw the deceased alive an Light 1959, and that death accurred at 415 PM, fram the causes and an the date stated above.
	ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE  M.D. Manufacter, Md  3/23/60
	PHYSICIAN'S W. HFOARD MD. MANChester, Md.
22	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
23 D	Emis R. S. Wets 549 Carlisle St Hangshan 2-9 160

urs after death. Page 4 in by the funeral director, and 2 should be filed with TO HOSTAL OR ATTENDING PHANCIAN: The taw requirement of control of complex may a control of the baspital tending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B





22c. NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery

Littlestown, Pa.

**ADDRESS** 

22d. LOCATION (City, tawn, or county)

'60

24a, REC'D BY REGISTRAR

York Co. Pa.

24b. REGISTRAR'S SIGNATURE

(State)

22b. DATE THEREOF

4/1/60

22a. BURIAL, CREMATION.

Burial

REMOYAL (Specify)

VS A1S (4)

Poge

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03129

# 8 E	4			3154 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Reg. Dist. No.
old b		F		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution	n. Pes'dence before odmission)
pleas 4 share	N N	1	0	COUNTY MARYLAND	a. STATE MURRIAGE COUNTY	anne
/ E 83	4.2	И	b	CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate fimits, write RL	IRAL and give nearest tawn)
Pogar	_		4	in all full of marches town	Kinal, Westmen	ale mid
is me rector s. riar t	×		1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street podress)	Manchestin Res	e. IS RESIDENCE ON A FARM? YES NO D
ol dir file fran p		`	3. N	IAME OF FIRST Middle FCEASED	Lost 4. DATE Month	Day Year
ryour regis		-		(ype or print) ENORY IHEMAS RO.	BERTSCA DEATH MARK.  DATE OF BIRTH 9 AGE I'M years [1]	FUNDER LYEAR OF UNDER 24 HRS
h. the h the			2. 3. 	6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8		Aposths Days Hours Min.
deoff deoff			10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
of e		) }	13.	ATHER'S NAME	414. MOTHER'S MAIDEN NAME	4.5.4.
haurs 5 mc 5 ges				Harrin Heamen Robertson	Hattee Gertrude	miller
Poge				WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	Address T Pul -	Mostmysley
1		ŀ		to course or pressed for the land to the section of	IN ME TYPE PRO 1 1 PT CARDOS	INTERVAL BETWEEN
4 % G				1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:		SINSET AND DEATH
S E S		- 1		IMMEDIATE CAUSE (0) ETETATY (L	eclusion	nu
exec in the				420, DUE TO		
1000年				Canditions, if ony, which		
enci ang				gave rise to immediate cause { {a}, stating the underlying DUE TO		
o b				cause test. (c)		
ing" i Office	(	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
end er's er's			띮	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (6	nter nature of injury in Part I or Part II of item 18.)	
is of in particular in the par			L CERTIFI	PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH.	,	
Share was			MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA: Hour a. m. White Nat white	CE OF INJURY (Home, form, 20f. (City or town) ary, street, office bldg., etc.)	(County) (State)
Man the decidion			WE	p. m. 19 at work at work		
KA Final Page				21. I certify that I took charge of the remains described abo	ve, held an Autopsy [], Inspection [],	Inquiry N, and find the
AL E. Chief				death resulted from: Natural causes Accident, Sui	cide [], Homicide [], Undetermined ca	use [].
ificate the other	,	2		ACTUAL SIGNATURE SELVING I MANCH	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
Certi	7	× /		- AA	ASSISTANT MEDICAL EXAMINER	3/4/1
orwards FUNIE				EXAMINED AMES / NARS+	DEPUTY MEDICAL EXAMINER	1 1/40
cute farw o FUI			22a.	BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or	county) - (State)
7			_	SMINAL DIRECTOR'S SIGNATURE / 2 ADDRESS	milly MM M. 14.40	monde // M
V\$. A15ME(5)			23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS		TAR'S SIGNATURE
5M 9/55			M	~ ~ // / / / / / / / / / / / / / / / /	DATE . DATE	

V\$. A15ME(5) 5M 9/55



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VR A15 (4) 1SM 9/59

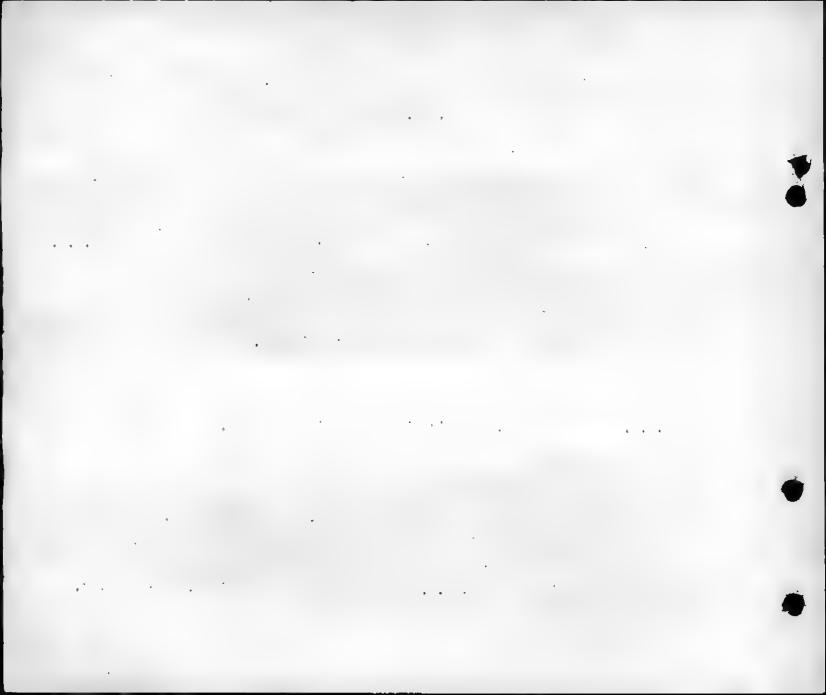
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## 3156

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTII

ARCH AND RECORDS — BACHMORE I, MARICAND	() ()
FICATE OF DEATH	-0313

_												-61		
	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission o. STATE     b. COUNTY								
	O	arroll		MARYL	AND	Maryland Washington								
	b. CITY OR TOWN (II RURAL and give ne	f outside corporate limitarest town)	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If ou	tside corpo	rote limits, write R	URAL and	give nea	rest towr	1)		
	Sykosvil	Te		54vrs.lmo.2	Ada	vs Eakles	Mill			4				
Г	d. NAME OF HOSPIT. OR INSTITUTION	AL (tf nat in haspital, g	jive street	address)		d. STREET ADDRESS				e IS RESIDE		FARM?		
L	Snringti	ald State	Hosn	ital		None			YES	NO 🔀				
3	NAME OF	Fir	st	Middle		lost	4. DATE	Mon	th	Do	у	Үөөг		
(Type or print)		Sarah		Katherine (Kate		) Snyder	OF DEATH	March		21,		1950_		
S.	SEX	6 COLOR OR RACE	7 MAR	RIED NEVER MARRIED		B DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER					
	T	17-31-	WIDOW	ED DIVORCED		TIM I can do the		86 Auz	Months	Doys	Hours	Min		
10	Female	White	<u> </u>			Unknown TRY   11. BIRTHPLACE (State of	foreign a	~~	12 (17	17ENLOS	WHATC	OUNTRY?		
100	during mast af wark	ing life, even if refired	)	, KIND OF BUSINESS OK	IIADO2	IKT II. BIKINFLACE (Side o	ır ioreiğii ü	3011177	12 (11	IZLIN OI	TTTPC: C	CONTRI		
L_	Housewor	V		-		Maryland				U	S.A			
13.	FATHER'S NAME	_				14. MOTHER'S MAIDEN N	AME							
						772.1	1							
15	WAS DECEASED EVE	nyder	CES2 114	SOCIAL SECURITY NO.	17 IM	<u>Elizabet</u>	n	Add	Pales		-			
) (m		If yes, give war ar dates of s		. SOCIAL SECONITI NO.										
Ł	No ·	-			5	pringfield Ho	spita	I Record	3					
	1B. CAUSE OF DEA	TH [Enter anly one co	ouse per l	ine for (o), (b), and (c) ]							RVAL BE			
	PART I. DEATH WAS CAUSED BY													
	IMMEDIATE CAUSE (6) Arteriosclerotic heart disease. [ear.]													
ı	4-20.0 DUE TO													
	Conditions, if ony, which (b)													
		gove rise to immediate DUE TO												
ı	lying couse last.													
z	PART II. OTH	IFP SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEAT	R RUT	NOT PELATED TO THE TERMIN	MAI DISEAS	E COND TION GIV	FN IN PAI	PART I(a) 19 WAS AUTOPSY				
CERTIFICATION	C.B.S. d	lue to arte	rios	clerosis wit	Th p	sychotic reac	tio n	•	PERFORMED? YES NO					
RTIFIC	200 ACCIDENT WA	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OC	CURREC	). (Enter noture of injury in P	ort I or Por	III of item 18.)						
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye		INJURY OCCURRED 2		ACE OF INJURY (Home, farm, tary, street, office bldg., etc.)		or town)	(	County)		(State)		
밀	Haur o. m.	19	While of wa	Not while	100	idiy, sireel, billice bidg., Elc.,	i i							
-		t (1) (this haspital			rom	Jarch 7, 195	5toM	arch 21.	196	0 , th	at (I) (	wel last		
						eath accurred at 110								
1	22a SiGNATURE	, and the contraction	pair dereich—	~ / dia 1	iidi d	editi occorred or Fare	earga est Citili	ine cooses or	iu un m	e doie		b DATE		
	agni	stry de	21	Campa	,	ATTENDING ME	D. RECTOR [	STAFF PHYS DX			3/21/	S GNED		
	22c. PHYSICIAN'S	-		4		22d ADDRESS					7 ~-/			
	NAME (Type)	Agustin d	lelCa	mpo, M.D.		Springfield	Hosp	ital,Syk	esvil	le,ħ	<b>11.</b>			
23	BURIAL, CREMATIO		)F	23c NAME OF CEMET	ERY O	R CREMATORY	23d LOCA	FION (City, town	or county)		(\$tat	le)		
	DURIAL	MARCH 24	1960	FAIRVIEW		EMETERY	Y .							
24	FUNERAL DIRECTOR		1	ADDRESS	1		BY REGIST	RAR (25b, REGI	STRAR'S SI	IGNATJI	RE			
	his sin	Hink	100	つかんなくいろうに	0	1 LL DATELLO	0.0.10.1							
L	- 1 1	1.1.				UNIMAR	2 3 160	- Cive	hu 7 2 -	town!	M			



CERTIFICATE OF DEATH

35	3.5	1	_		OTOR										
	12	)		LACE OF DEATH	,				2. USUAL RESIDEN	NCE (Where	deceased	lived If institution	ın: Residence b	efore admis	sion)
dire.	3	/	ľ	County	rroll		MARI	LAND	o. STATE	arvlar	ıd	b. COUNTY	Balto	. City	P
erol he fi	E		ŧ	CITY OR TOWN (I	outside corporate limit	s, write	c LENGTH OF STAY	IN 1b	c. CITY OR TOV	WN (If outsi	ide corpora	ite limits, write RI			
				RURAL and give re			lyr.6mos.	17da	rs Ba	altimo	re		M <sup>Ogency</sup>	V	4
the fun	3			I. NAME OF HOSPIT	AL (If not in hospital, g	ve street		r j u u j	d STREET ADD		, , , , , , , , , , , , , , , , , , ,	-			SIDENCE
20	4	OIE"		OR INSTITUTION	gfield Stat	e Ho	enital		8-	בת בו	Balt:	imore St			A FARM?
- P	3		3.1	NAME OF	Firs		Middle		Last		DATE	Mon.	<u> </u>	Day	Yeor
ed			1	ECEASED Type or print)	Roy	"	Earl		rattling		OF DEATH	Marc		/	19 60
[] A	deat		5. 9	***	6. COLOR OR RACE	7. MAPE	RIED T NEVER MARRI	_	B. DATE OF BIRTH			AGE (In years	IF UNDER 1 YE		
e e	ofter death			Male	White	WIDOW			July 17,	1906		lost birthday) 53 yrs	Months Day	s Hours	Min.
camplete	0		10a	. 4111.45	IN (Give kind of work o						fareian cou	20 20	12 CITIZEN	OF WHAT	COUNTRY?
00 0	1	- 1		during most of work	ing life, even if retired)		11.1		Geor			**		.A.	
ian and cample	F	1 /	13.	Laborer FATHER'S NAME			MATERIC	<i>i</i>	14. MOTHER'S MA		A.F		0 6 12	9-FL-8	
in S	- E			_						zabetl		h			
physician	within	-	15	Inther Sp:		CFS2 14	SOCIAL SECURITY NO	17 IN	FORMANT	zabeu	I Cas	1.1 Addr	226		
hd 6	rent,			, no, or unknown)	If yes, give war or dates of se		259-01-7	1		iold I	Inent:	tal Reco			
ding	6 7			No	mar Co				opringr.	TO TO 1	тоэрт	Dal Reco		AATCONIAL O	FYLLEPLA
Iten	a				TH [Enter anly one con TH WAS CAUSED BY:	use per III	ne for (a), (b), and (c).	j					ď	NTERVAL BI	DEATH
9	- · -			100	IMMEDIATE CAUSE (6)	-Se	pticemia -							days	
五戸	6			648)	DUE TO										
be to	DAG			Conditions, if a gove rise to it	n mediote (	La	rge infect	ed pi	ressure so	ores -					
. ib	3 6			couse (a), stating											
en s	6 6		z	lying couse last.	) (c)		TO TO DIT NO TO DE	4.7(1.0) Y	NOT OF LITED TO T	-CTCDIII-I	LOSSES	COMPUTATION	CALLE DARK IV	110 4/45	ALLTORCY
be	ion,		CATIO	Schizonhr	er significant conj enic reacti	on,	catatonic	type.	NOI RELATED TO TH	HE FERMINA	LUISEASE	CONDITION GIV	EN IN PART I(C	PERFO	ORMED?
has	9 6		FICA	P										YES L	NO E
cale	S S		CERTI		CAUSE OF DEATH	206. DES	CRIBE HOW INJURY O	CCURRED	(Enter nature of it	njury in Pon	1 lor ram	il of item (o.)			
tific	rial,		1 _ 1	· <u>·</u>	MEDICAL EXAMINER)										
cer	مَ م		DICA	Hour o.m.	Y Month, Day, Yea	or 20d. II While	NJURY OCCURRED  Not while		CE OF INJURY (Hor lory, str <del>ee</del> t, office bl		20t. (City	or town)	(Coun	ty)	(Stote)
Phis	<u> </u>		ME	p. m.	19	ot wor	k ot work	<u> </u>		į					
rer Fer	prio			21 I certify the	t (I) (this haspital	altend	led the deceased	fram	August 15	12.51 . و	8 , ta M	arch 2,	19 60,	that (I)	(we) last
1) ** §	E E			saw the deceas	ed alive an Man	ch 2	19 <u>6</u> 0, and	that d	eath accurred o	1:15	PMram t	he causes an	d an the do	ate stated	d abave.
I O	Health			220 SIGNATURE	10		7		ATTENDING	1450	4	674.55		22	2b. DATE
DIRECT	g '5	1		Celin	may of	CAV	have		M D PHYS	DIREC	TOR 🗆	STAFF PHYS		3/2/	60
II DI	Board	/		22c. PHYSICIAN'S NAME (Type)	Farma T.	andh-	M D		22d. ADDRESS	h Loin	Hacon	ital, Sy	kaevilli	lo Ma	3
E 1998	2 66				Edmund Lu	elij er	us, Pale		obt.ru8	TTGTU	11020	TOGIL ON	VCDATT	بالات وتا	4.0

23b. DATE THEREOF 23a. BURIAL, CREMAT ON,

23d LOCATION (C ty, town, or county)

(Stote)

REMOVAL (Specify)

250. REC'D BY REGISTRAR DATEMAR B '60

286 REGISTRAR'S SIGNATURE CATHUR & Trans

ours after death. Page 4 AL OR ATTENDING F. CEN: The law requires that the death certificate be executed by the haspital attending physicals. TO FUNERAL D page 3 shaule the State Boar

VR A15 (4) 15M 9/59



22c. NAME OF CEMETERY OR CREMATORY

DATE

**ADDRESS** 

. IS RESIDENCE ON A FARM? YES INO D

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

1966

Min.

Day

Days

INTERVAL BETWEEN PERFORMED? NO I (County) (Stote) Inquiry , and find that Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, Jown, or county) Stole! 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cathan & Thousa

Forwarded to VS. ATSME(5) SM 9/55

ACTUAL

NAME (Type)

REMOVAL (Speciful)

23/FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226. DATE THEREOF

M.C.Porterfield, M.D

THE WAR

	1, PLACE OF DEATH a. COUNTY Ca	rroll		MARYLAN	o ST	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland  Balto.City							
		autside carporate limits	, write c. LEI	NGTH OF STAY IN	b c. Cl	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	RURAL and give ne Sykesvi		35vr	s.9mos.	1 sdays	Rali	timore	2		3V014			
	d. NAME OF HOSPITA	AL (If not in haspital, gi				REET ADDRESS	O I MOI C				ESIDENCE		
5	OR INSTITUTION Springf	ield Stat	e Hoer	nital		20 S.		ON A FARM? YES NO THE					
	3. NAME OF	field State Hospital			11	Lost	Green	Man	+	Day	Yapr		
	(Type or print)	Mik				elinsky DEATH			ch	11.	19 60		
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE C	F BIRTH	9	AGE (In years last birthday)	Months D				
	Male	White	WIDOWED	DIVORCED	1 Unl	nown		74 yrs.					
	100. USUAL OCCUPATIO	N (Give kind of work d	one 10b, KIND	OF BUSINESS OR IN	DUSTRY 11.	BIRTHPLACE (State	ar foreign cat	intry)	12. CITIZEN OF WHAT COUNTRY?				
	Factory	ing life, even if retired) WOPK	7	Jinke-		Lithuania			Alien				
	13. FATHER'S NAME				14. MC	THER'S MAIDEN							
-	Unknown					Unknow							
	15. WAS DECEASED EVER	IN U. S. ARMED FORCE		L SECURITY NO. 1	7. INFORMAN								
	No	If yes, give war ar dates of ser	4)(6)	-	Spring	field I	ords	rds					
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1										BETWEEN		
	PART I. DEATH WAS CAUSED BY: Far advanced pulmonary tuberculosis									Years			
	002	OO 2 Y DUE TO											
	Conditions, if or	Conditions if any which											
		gave rise to immediate cause (a), stating the under											
	lying cause last.	(c).											
2	PART II. OTH SChizop  Schizop  20a. Accident was or contributing (If either, notify	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Schizophrenic reaction, paranoid type.									S AUTOPSY FORMED?		
	20a. ACCIDENT WA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)											
	GR CONTRIBUTING	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	\$ 20c. TIME OF INJUR	IURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn)							(County) (State)				
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o.m.  P. m. 19   White Nat while at work of wor												
		t (l) (this haspital)	attended th	ne deceased fro	m Marc	h 7, 19	55 Ma	rch 11	, 19 6	O that (	l (we) last		
	saw the deceas	ed alive an _3/	11/60	19 and the	at death a	curred a 2:1							
	22a. SIGNATURE	- 1 / /	0	1							22b. DATE		
	arus	lundel	Chm	100.	M.D. PH	S. D	IED.	STAFF PHYS. X		3/	/12/60		
/	722c. PHYSICIAN'S NAME (Type)	Agustin	delds	mpo. M.		ADDRESS			7 C1-		17 - 1/2		
				ango, II.		pringf	тета н	ospita	т, бук	esv1	rre, Md		
	23a BURIAL, CREMATIO	N, 23b. DATE THEREO	23c.	NAME OF CEMETER	Y OR CREMA	ORY /	23d. LOCATI	ON (City token	or county)	C 15	itotej		
	Buren	3-17-	40	11600 (	alala	til	13	aldena	11/1	Mille	1.		
	24, FUNERAL DIRECTOR	SIGNATURE	ed N	ADDRESS	6721	25a. REC	'D BY REGISTE	RAR 256, REGI	STRAR'S SIGN	NATURE			
	PALL 11/19/19	4. STREGA	A C.	THOUSELL.	1 /100	DATE .				ALL IN			

ars after death. Page 4

TO HO AL OR ATTENDING PY CLAN: The law requires that the death certificate be executed in the state death. Page 4 may be added by the haspital sentificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

VR A15 (4) 15M 9/59

